VS. A15A - 5 - 53

	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.						
	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 215						
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:							
	COUNTY MONTGOMERY MARYLAND	STATE New York COUNTY							
0	OR and give pearest town (Rural) CITY (If outside corporate limits, write RURAL (In this place) TOWN Bethesda, (Rural) LENGTH OF STAY (in this place) days	CITY (If outside corporate limits write RURAL and OR TOWN Bronx	give nearest town)						
5	HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital, Bethesda, 1	STREET (If rural, give location) ADDRESS AUGUST AUG	1						
	3. NAME OF (First) (Middle) DECEASED: (Type or Print) JEROME BERNARD	(Last) 4. DATE (Month) (Day) AEOLIAN OF DEATH March 17	(Year) 1956						
		TE OF BIRTH: 9. AGE last birthday: IF UNDER I YE 25 Ves. Months Day							
1	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): USMC	OT LAT DITERRATE ACTO 1/24 1 A 1 TO	CITIZEN OF WHAT						
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:							
	LEON AEOLIAN	Unknown							
1	15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service) Korea Unknown	17. INFORMANT & ADDRESS: New York City, (Sister) Mrs. Paula KRITZ, 1803 Ri							
-	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Cerebral hem.	on hage & lectration	INTERVAL BETWEEN ONSET AND DEATES						
T . CIII	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	Practine of skull (dipressed)	22 days						
Vo & 41.3	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
100	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		26. AUTOPSY? Yes Z No 🗀						
A TITLE	21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, side bids., etc CAUSE OF DEATH.	y, 21c. (City or town) (County) c., Wardington N.E.	(State)						
CIOIL	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Not while at work 21f. HOW DID INJURY OCCUR? While at work 21f. HOW DID INJURY OCCUR?								
adea	22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes [], Acc								
P A	SIGNATURE Frank & Browthart	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED 3 -/8. JL						
ď	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE Burial Specify): 3-20-56 Mount Carmel		k						
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) 24. FUNERAL DIRECTOR Bethesda, Md. ADDRESS REGE 18 March 1956 Carrella R.A. PUMPHREY, 7557 Wisconsin Ave.,								

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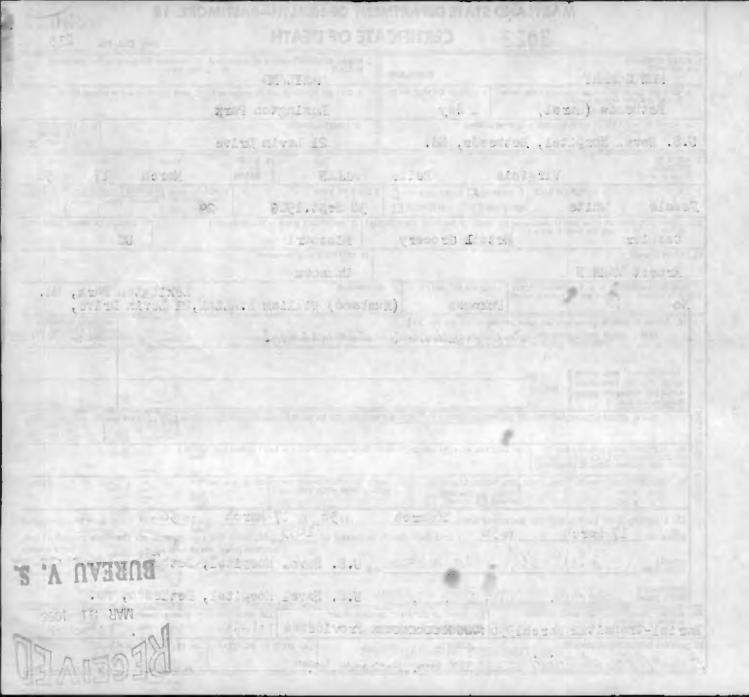
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retained	AL DIR	hould b	Seman manual
may be retained by the hospital or attending physician.	O FUNER	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed	Share a second
VS /	115 9/	(4) 55	

			AND 23			ENT OF HEALT			Dist. No.	2963	
1.	PLACE OF DEATH a. COUNTY MONTGO	MERY		٨	MARYLAND	2. USUAL RESIDENCE (** G. STATE MARYL		d. If institutions Resi b. COUNTY	dence before	odmission)	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural)		is, write	LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and Lexington Park				give nearest town)	
	or INSTITUTION U.S. Naval Hospital, Bethe				•	d. STREET ADDRESS	vin Drive		•	IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)	Virg			iddle Belle	Lost ALLEN	4. DATE OF DEATH	Month March	Day	Yeor 19 56	
	sex ?emale	6. COLOR OR RACE	7. MARI	RIED NEVER M	ARRIED	8. DATE OF BIRTH 30 Sept.19	26	GE (In years of birthday) Month		F UNDER 24 HRS. Hours Min.	
/ <u>L</u>	during most of wor Cashier FATHER'S NAME	ON (Give kind of wark a king life, even if retired		taih Gro		Missouri		y) 12.	CITIZEN OF	WHAT COUNTRY	
	Ernest W	ARREN				Unknown	A NAME				
	. WAS DECEASEDEV	R IN U. S. ARMED FOR	evice)	social security		NFORMANT USband) Will	iam E.ALL	Lexingt EN,21 Levi	on Pari	rk, Md.	
		mmediate (Su	learach	uoid	Hemorrh	age_		TNTER ONSE	AND DEATH	
CERTIFICATION			3			NOT RELATED TO THE TER				PERFORMED?	
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINERS		NJURY OCCURRED		D. (Enter nature of injury i					
MEDICAL	Havr a.m. p. m.	19	While of wor	Nat while of wark] for	ACE OF INJURY (Hame, for clory, street, office bldg., a	etc.)	ownj	(County)	(State)	
	actual signature	March Nobert W. M.		mack		accurred of 1833 M.D. U.S. Nava	ADDRESS (Street, L Hospita)	e causes and ar city or town, state) L, Bethesd	a, Md	DATE SIGNE 3-19-5	
22 E	o. BURIAL, CREMATIC REMOVAL (Specify) IN 181- LT AT	on, 226. DATE THEREO		22c. NAME OF	-	R CREMATORY Providence		(City, town, or count Clay Co	,,	(Stote) Ssouri	
23	obest of the	SIGNATURE R. A.	PUMPI	HREY FUNE		ME 240. RE	C'D BY REGISTRAR	Pap. REGISTRAR'S	SIGNATURE	rell	



BUREAU V. A.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02965 Reg. Dist.

4	TATAL TO ATTACK TO A TACK AND	DOINTE DEL VICTURE.	I OF HEADIN-DADY	Intolte, 10	
ď	Tems Local Falm G.		CARROLL CALL DEPARTMENT		
	MEDICAL.	EXAMINER'S	CERTIFICATE	OF DEATH	
		IMAKAWAHAN MINING		Or DEBLIE	

MEDICAL	BAANIII	ven s	JUK.	LIFICAL	TO UI	DEAL	II No	0	
1. PLACE OF DEATH:			Į.	2. USUAL RESI	DENCE (HOME)	OF DECEASED	:		
COUNTY Morta	mine	MARYLAN	7D	STATE /	nd co	UNTY 1710	nta	•	
CITY (If outside corporate OR and give nearest to	limits, write RUI	RAL LENGTH O		CITY (If out OR TOWN	side corporate lim	its write RURA	L and giv	e nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	1915 ye	orgia au	2_	STREET	915-4	rural, give loca	Mon)	E	
8. NAME OF DECEASED: (Type or Print)	rick T	(Middle)	- a	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)	6
5. SEX: 6. COLOR RACE:	OR 7. SINGL	E, MARRIED, WED, DIVORCED,		OF BIRTH:		birthday: IF UNI		Hours	Min.
MALE WHITE		wed Divorced.	SEPT.		17	yrs.			
10a. USUAL OCCUPATION work done during mos even if retired): Stu	t of work life,	industry: itgomery Bla			ACE (State or 1	oreign country)	U. S	UNTRY?	WHAT
13. FATHER'S NAME:					MAIDEN NAME				
THEODORE GEOR	GE ARENDS			LOUISE	VOGEL				
16. Was Deceased Ever In U (Yes, no, or unk.) (If Yes, gi	J.S. ARMED FORCES? ve war or dates of	16. SOCIAL SECURITY NONE		THEODORE G.		915 GA.AVI	E.,SS.	,MD.	
Immediate cause Antecedent cause(s) Diseases or conditions, i giving rise to the above stating underlying cause	f any, (b)	Asphyx1a d	ue to	lack of ox	ygen		7	md a	Las
TO THE DEATH BUT DISEASE OF CONDITION	NOT RELATED ON CAUSING DEA	TO THE		· · · · · · · · · · · · · · · · · · ·	ancilerando a deixidoste ettere				
19s. DATE OF OPERATION							2	Ves P	
21a. EXTERNAL CAUSE W PRIMARY OF CONTRIB CAUSE OF DEATH.	UTING Z	PLACE (Home, farm OF streets office NJURY	bldg., etc.,	Orline	stry	(County)		(State)	4
21d. TIME (Month) (Day) OF INJURY 3-4-56	8 A M.	work [] at	t while work 🕱	Formel elecan	lust illu	morting for			
22. I hereby certify th	at I took charg	e of the remains	describ	ed above, held	an Autopsy	, Inspectio	n 🗆 , In	nquiry [3, and
find that death resistant and the signature	alted from: No	chout		M. D. AS	HEF MEDICAL EPUTY MEDICAL SISTANT MEDI-	EXAMINER EXAMINER	determi B 3	ned cau	
23. BURIAL, CREMATION, REMOVAL (Specify) :	MARCH 6.1	956 CEDAR H		Y OR CREMATO	SUTTI	AND PR	or county		State)
DATE REC'D BY LOCAL REG. 3-6-56	REGISTRAR'S	SIGNATURE)	ter	11 armar	DIRECTOR DUMB	Dreve SILV	ER SP	RING.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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3991 6 FAM

BECEINED

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Montgomery c, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Month Year Day March 56 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months. Days Hepre 12. CITIZEN OF WHAT COUNTRY? U.S.A. Buner Address INTERVAL BETWEEN ONSET, AND DEATH PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) 79.57 that I last saw the deceased and that death occurred at LSDP. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stole)

Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1E (4) 15M 9/SS

1. PLACE OF DEATH	NTGOMERY		MARYLA	UND	2. USUAL RESI	Strict				idence bef	are admis	ion]
	(If autside corporate lim	its, write	c. LENGTH OF STAY IN	I 15					write RURAL o	ind give n	earest taw	1)
Bethesea	(Rural)		2 days		Was	shingt	on				¥	
d NAME OF HOSPI	TAL (If not in haspital, s	give street od	idress)		d. STREET A	DDRESS					e IS RES	
U.S. Naval	Hospital,	NNMC,	Bethesda, M	d.	2917 Be	llview	Terr	ace,]	N.W.			FARM?
3. NAME OF DECEASED	Fi	nt	Middle		Los	t	4. DATE OF		Month	0	ay	Year
(Type or print)	a Wil	liam	Sarge		BA	LL.	DEATH	1	March	2	5	1956
5. SEX	6. COLOR OR RACE	7. MARRIE	D T NEVER MARRIED	0 8	. DATE OF BIRT	Н		9. AGE (In lost birth		DER I YEA		
Male	White	WIDOWED	DIVORCED		October	6 186	59	86	yrs Monti	hs Days	Hours	Min.
100 USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b. Kl	IND OF BUSINESS OR	INDUST	RY 11 BIRTHPI	ACE (State o	or fareign o	ountry)	12	CITIZEN	OF WHAT	COUNTRY
Salesman	initig stor great at relities		ommercial		Mis	sour i				U.S.		
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME			-,		
John A. B	ALL				Elis	zabeth	DIRD					
15. WAS DECEASED EV	ER IN U. S ARMED FOR		OCIAL SECURITY NO.	17. IN	FORMANT				Address			2 - D
No	(it yes, give wor or doing or t		nknown	C.	R. BALL	, Capt	MC U	SN (S	on) Sar	ne as	Iten	1 EXE
18. CAUSE OF DE	ATH [Enter only one co	ouse per line	for (o), (b), and (c).	·		. 1	1.0				TERVAL BE	
	ATH WAS CAUSED BY:	Ga	stro- wit	Lest,	mal	Kem	Bush	a are		101	SET AND	DEATH
5 / X)	DUE TO		-1-0	1				71				11
Canditions, if	name authority	Ca	use unt	Kms	4/01							V
gave rise to	immediate (1 /00	,,,,,							
lying cause lost	the under-											
Z PART II. OT	HER SIGNIFICANT CON		INTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITIC	N GIVEN IN	PART 1(o)	19. WAS	AUTOPSY
PART II. OT		19 4 .	noma l	9/	the n	rost	ato				PERFC	RMED?
	AS UNDERLYING		RIBE HOW INJURY OCC	URRED	. (Enter native o	of injury in P	ort 1 or Par	I II of item 1	18.)		7	
20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)				4							
\$ 20c. TIME OF INJU	RY Month, Day, Ye	ar 20d. INJ	URY OCCURRED 2		CE OF INJURY			or town)		(County)	(Stote)
20c. TIME OF INJU	19	White of work	Not while	toct	ary, street, affici	e bldg., etc.)	1					
	hat I attended the			ch	10.56	to 25	Marc	h ,	.56			
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alive on	77		and that d	leath	accurred at				ises and ai lown, stole)	n the de		ed abave. ATE SIGNED
ACTUAL	Journad.	1.0	Pitrua		II.S				BETHES	STD A	MD.	3-26-5
SIGNATURE	orecca	- J - C	Comme	N	(.D	247 4 27	MOOI	Tirms	THE LITTLE	,UA,	Lab a	
PHYSICIAN'S NAME (Type)(Gerald I. P.	LITMAN	, LT, MC,	USN	U.S.	NAVAL	HOOP	ITAL.	BETHE	SDA.	MD	
220. BURIAL, CREMATIC	ON, 226. DATE THEREC	OF [22c NAME OF CEMET	ERY OR	CREMATORY				lawn, or coun		(Stat	e)
REMOVAL (Specify Cremation			Cedar Hill				Princ	e Geor	ge Co.	Ma:	rylan	
23 FUNERAL DIRECTO			ADDRESS Beth	esde	a, Md.	24a. REC'D	BY REGIST	RAR 245	REGISTRAR'S	SIGNATI	JRE -)
R	A PUMPHREY	. 7557	/ Wisconsin	Ave	e.,	DATE 3	2 26-5	6'	mar.	· A	()	/.

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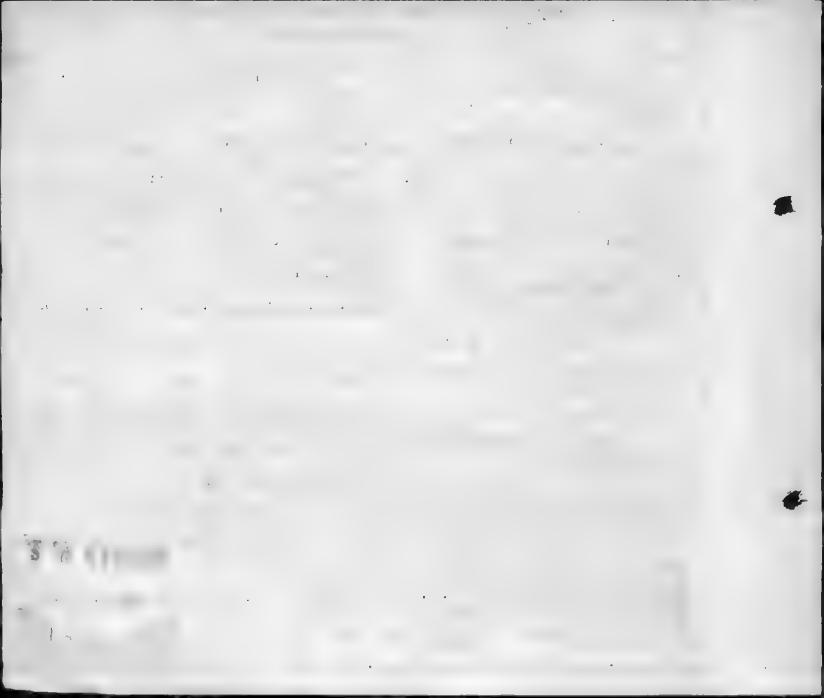
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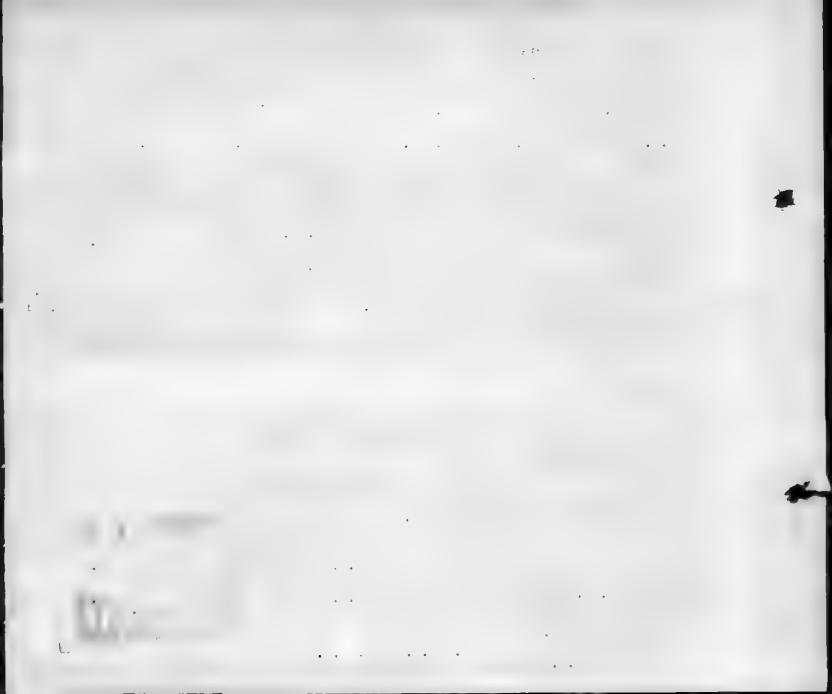
VS A15 (4) 15M 9/55

		: 30	30	CERTIF	ICA1	TE OF DE	ATH			Reg.	Dist. No.		
1.	PLACE OF DEATH O. COUNTY MOI	ntgomery		MARYLA	- 11	2. USUAL RESIDEN G. STATE M.	eryl:		b. COUNTY		dence befo		•
	b CITY OR TOWN (III	autside corparole limi	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOV	VN (If au	tside corpo	rate limits, write R				
1)	Bethesd		İ	12 YEARS	.	Bethesda	a				×		
	d. NAME OF HOSPIT. OR INSTITUTION	At (If not in hospital, ç				d STREET ADD	RESS				1	e IS RES	DENCE FARM2_
		7816 Stra	tford	Road		7816 Str	atfo	rd Ro	ad				NO ES
3	NAME OF DECEASED	Fie	şî	Middle		Lost		4. DATE	Mor	ıth	Do	y 1	reor .
	(Type or print)	Dais	У	M.		BECK	ER	OF DEATH	Mar	ch	26	1	9 56
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	□ B	DATE OF BIRTH			9 AGE (In years _last birthdoy)		ER 1 YEAR		
	Female	White	WIDOWE	D DIVORCED		May 9, 1	884		71 yrs	Month	. Jus	Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b. I	IND OF BUSINESS OR	INDUSTR	RY 11. BIRTHPLACE	E (State o	r foreign co	ountry)	12. (CITIZEN O	F WHAT	COUNTRY
	Housew		' E	lome		New Y	ork				USA		
13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME					
1	W. Birkle					Unknow	n						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	ORMANT			Add	ress			
	No. or unknown)			lone	Edi	mund H.	Bed	ker,	Jr. 4821	N.	Lan	e, Be	th, Mo
Г	IB. CAUSE OF DEA	TH [Enter anly one co	use per lin	for (a), (b), and (c).								ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	, (Cacheria	2						ONS	SET AND	DEATH
	181x	DUE TO											
	Conditions, if any, which (b) Cancer of wrinary bladder								-	7 110	0 17 4		
	gave rise to immediate couse (a), stating the under										1		
	lying cause lost.	ne under-	1			0							
S	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO TH	E TERMIN	IAL DISEAS	CONDITION GIV	EN IN P	ART 1(a) 1	P. WAS A	LUTOPSY
CATION	E	ssential	hus	hertingio	m							PERFO	RMED?
(E)	20a ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCC		(Enter nature of in	jury in Po	ort 1 or Port	II of item 18.)				10.5
CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
2	20c. TIME OF INJURY	Month, Day, Ye	20d. IN	JURY OCCURRED 20	e. PLAC	E OF INJURY (Hon	ne, form,	20f. (City	or town)		(County)		(State)
MED	Haur a. fi.	19	While at work	Nat while at wark	rocta	ry, street, office blo	dg., etc.)						
		at Lattended the	decess	d from June	22	10/19	- 24	27000	7.51057	45 -4	1 1		1
				and that d									
	dive oilZZg	0	-m. 175.d.	Ez-,-; and mar a	egin o	eccurred at A:			n the causes (reet, city or town,		the do		d above.
	ACTUAL TO	allace 71	7. Yo	eter	M.I	0.1801KS		, , ,	crashing	,	6,2	_	126/57
,	PHYSICIAN'S VI	/allace M.	Yate	r, M.D.		1801 k	St.	N. W	7. Wash	ingto	on, D	. C.	3/26/
220	BURIAL, CREMATION	N, 226 DATE THEREC)F	22c. NAME OF CEMETE	RY OR C	CREMATORY		22d. LOCAT	ION (City, town,	or county	1)	(State	1
B	REMOVAL (Specify)	3-28-5	6	Rock Cr	eek	Cem		Was	hingtor	1		D.	C.
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24	a. REC'D	BY REGIST			SIGNATUR		
	Robert A.	Pumphre	v	Rethesda	1.1d	. Du	TE 3 -	J.8- 6	6 B.	. 5	10 10	7	11

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 32			3732 CERTIFICATE OF DEATH Reg. Dist. No. 216
Poge Director		1. P	AACE OF DEATH COUNTY MONTGOMERY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND MONTGOMERY MONTGOMERY
death.	2	, b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Chevy Chase Chevy Chase
y the fun 2 should		<u> </u>	I. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 7207 Lenhart Dr. ON A FARM? YES \(\text{VES} \) \(VES
24 havr led in b		C	NAME OF First Middle Last 4. DATE Month Doy Year DECEASED
Foges		5 S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yoors IF UNDER 1 YEAR IF UNDER 24 HRS
compl popers. ath.		100.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
an ond carbon offer de			Temvig Denmark U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physicia physicia phours of	` ,		Unobtainable Was Deceased ever in u. s. Armed Forces? 16. Social Security No 17. INFORMANT Or unknown) (If yet, give your out datas of service) Address 224 Mt. Vernon
nding eose r		1	Christian W. Bertelsen- St. Dedham, Mas: 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
the de he offe hen pl			PART I. DEATH WAS CAUSED BY: Con gestive Heart Failure ONSE AND BEATH
ed by t			Conditions, if any, which b) Corder Voscular Renal Disease 6 Mont
requir		7	Code (c), stating the under- lying couse last. DUE TO (c)
the law physic has bee rial-tro		CERTIFICATION	PAM II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
CIAN: 'Itending ifficate but the but in the		- , 1	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
The cer		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. p. m. 19 20d. INJURY OCCURRED (State) 19 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.)
NDING e hospil After sched fo			21. I certify that I attended the deceased fram OCF., 1955, to Mar. 3, 1956, that I last saw the deceased alive on March 3, 1956, and that death occurred at 8.122 MM, from the causes and on the date stated above.
R ATTE d by th RECTOR	1		ACTUAL SIGNATURE Planed Theres M.D. 1835 Euc 5+ NW DC 3/3/5
retaine RAL Blin should stror pr			PHYSICIAN'S It = 7018 Heiges MD
O HOSP moy be in FUNEI pure 3		-	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Prince Georges Co., Md.
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE 3-7-56 Bease M Hence hard
13141 7733	ŀ		The state of the s

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VS A15 (4) 15M 9/55

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Į	→ 3033 CERTIFICATE OF DEATH Reg. Dist. No. 216
	1. PLACE OF DEATH O. COUNTY Ment gome y 4 MARYLAND 2. USUAL RESIDENCE (Where deceased lived It institution Residence before admission) O. STATE MAYULTING COUNTY MONT gome y 4
	b. CITY OR TOWN (If outside carporate limits, Grite C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) X De The Saa
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM? VES ON A FARM? VES ON OR VES ON
	3. NAME OF DECEASED (Type or print) Robert Winfield Rond Pand Death March 26 1956
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1) 1 1 1 1 1 1 1 1
	100 USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) PHATMACIST - DIST. MANAGER ROPES DIE CLEVELAND, ON 10 12. CITIZEN OF WHAT COUNTRY: U.S. A.
	Frances Marion Bond Stores in Mother's Ma DEN NAME Stewart
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yor. no. or unknown) (If yea, give wor or dides of service) 577-05-9283Wife-Feyn B. Bond - 260Ve
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (o), stoting the under lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES ON OCCUPIENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. p. m. 19 While of work
	21. I certify that I attended the deceased fram 3/2/, 1956, to 3/26/, 1956, that I last saw the deceased alive an 3/26/, 1956, and that death occurred at 8/00 AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE DATE SIGNATURE 26/6/ BATTENY CANE 3/26/16
	PHYSICIAN'S CHAPLES J. SAVARETE, JRMD BETHESDA, 14, MD.
	220. BURIAL CREMATION, PEMOVAL (Specify) Burial 3-29-56 Parklawn Cem 22d. LOCATION (City, town, or county) (Stote) Report of the period of the
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey Bethesda Md DATE 3-25-56 Bread M. Linnica and M.



ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

In this setution: 12. Or severele, the usual attending physician being out of town for 10 days and the death francounter Distrect of coldwhia who does not have a mary land lucuse. Under these communitaries Hospital for a month I was odowed to sign at tone the MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3035

CERTIFICATE OF DEATH

02976

	0 00	CERTIFICA	AIE OF DEATH		Reg. Dist. No.	
270	1 PLACE OF DEATH 0. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution in the country-	an Residence before admission)	
1	b. CITY OR TOWN (If outside carporate limits, write BURAL and give nearest lown) Dethesda, Maryland	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Baltim	utside corporate limits, write RI	URAL and give nearest lown)	v 4
,	d. NAME OF HOSPITAL (If not in hospital, give street The Clinical Center, Be	oddress) thesda, Md.	d. STREET ADDRESS 10 E.	Henrietta Str	eet S RESIDENC ON A FARA YES NO	N/DC
Ì	3. NAME OF DECEASED (Type or print) JOSEPH	Franklyn	Bowden	4. DATE MATCH	16, Day Year 1950	6
	5. SEX Male 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH January 18,1	9. AGE (In years last birthdoy) 23 yrs.	Months Days Hours M	HRS.
	100 USUAL OCCUPATION (Give kind of work done 10b duting most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY II. BIRTHPLACE (State of Maryla)		U.S.A.	NTRY
	Joseph Bowden		14 MOTHER'S MAIDEN N. Stella Je			
3		2/ 00 0000		ical Record Address Bethes		
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse tost. (b) DUE TO (b) DUE TO (c)	Holghins	Disease			
	PART II. OTHER SIGNIFICANT CONDITIONS OF				EN IN PART 1(0) 19 WAS AUTO PERFORMED YES 12 NO	77
	OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	None	D. (Enter nature of injury in P	art I ar Part II of item 18.)		
	A Hour o. p. While	NJURY OCCURRED 20e. PL Not while tk of work	ACE OF INJURY (Home, farm, ctory, street, office bldg , etc.)	20f. (City or town)	(Caunty) (St	tate)
	21. I certify that I attended the decease alive an March 16, 195 ACTUAL SIGNATURE Claude E. Forks	ond that death	film Tasting	AM, from the causes of portess (Street, city or town, cal Center Instutes of He	and on the date stated al stote) DATE SI March 16.19	bave I GNE D
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 3/19/56	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, o	,,	
	23. FUNERAL DIRECTOR'S SIGNATURE JOHN F. DENNY, Inc. 7	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE	
	OUTH I DEMINIT THE "	TO LARAT ST.	DATE /////	(" / / / " " TL	11. 6 Fa-	4

BURTAU V. E.

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The bottom copy may be retained by the hospital or attending physician.

2987

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

02977

			フ	2.3
Reg.	Dist.	No.	6	2-5

45	4000	nog. Di						
i ÷	1. PLACE OF DEATH .	2. USUAL RESIDENCE (HOME) OF DECEASI	ED					
the	COUNTY MONTGOINERY MARYLAND	STATE COUNTY						
	CITY (If outside corporate limits, write RUNAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give no	eerest town)					
	OR end give fearest town) 1 YOWN TAKOMA JACK (in this place) 1 YOWN TAKOMA JACK	TOWN WASHINGTON. DO	2					
within I	HOSPITAL OR INSTITUTION OR STREET ADDRESS 700- HOLDSON AVE.	STREET ADDRESS 306-EMERSON ST.	N.W.					
£ã	3. NAME OF (First) (Middle)	(Lesi) 4. DATE (Month)	(Day) (Yeer)					
he ir	(Type or Print) JODIE	CZ/N DEATH NIARCA	42, 1,56					
r≣gis by t	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	PF BIRTH 9. AGE lest birthdey IF UND	ER 1 YEAR IF UNDER 24 HRS.					
F.G	F White (Specify) MALRIED	50 yrs. Months	Deys Hours Min.					
生るよう	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even # OR INDUSTRY	11. BIRTHPDACE (State or foreign country)	12. CITIZEN OF WHAT					
議員	retired) HOUSEWITE	KUSSIA	USA					
ed wi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
rifficate be fit and completel burial transit	ABE BRILLMAN	UNKNOWN						
compl	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	, D					
ial contract	(Yes, no, or link.) (If Yes, give wer or dates of service)	SAMUGI BOZIN - 3061	EMERSON STALL					
and but	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN					
Č C R		78	ONSET AND DEATH					
eath sicia as	IMMEDIATE CAUSE (A) KENAL F	GIL UKE	zaays					
e de ohysi use	ANTECEDENT CAUSE(S) DUE TO DISPASES OR CONDITIONS, IF ANY, IRI MALICNANT IFYING TENISOCIAL							
fo p	GIVING RISE TO THE ABOVE CAUSE							
thal ed in be	STATING UNDERLYING CAUSE LAST, DUE TO	ATROPHY	2 11-145145					
tren achi	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
e after detach	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
v re the	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?					
			YES NO					
R: The favecuted by should	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, affice bldg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or town) (Co	ounty) (Sleta)					
RECTOR: sen exect assembly	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not while at work et work	211, HOW DID INJURY OCCUR?						
IREC been asse	22. I hereby certify that I attended the deceased from 15.3.2	7 1056 to MAR. 2 10 56 that	1 last save the deserved					
	alive on MRR 2, 19.5%, and that death occurred all	11:00 2 M from the course and an about the	1 1921 29 M III Geceased					
has fical	SIGNATURE	ADDRESS (Street, city, town, stell)	DATE SIGNED					
ERAL DIII	Askurd Berele "	533 P x 122 N.C. Wall D.						
2547	23. BURIAL, CREMAT ON, DATE THEREOF NAME OF CEMETERY OR		nty) (Slate)					
certific death AISC 1-	REMOVAL (SPECIFY)	- 1/ 1/ 1/ 1/11/11/11	111					
■ ×	24. REC'D BY REGISTRARY REGISTRARY STRATURE 1	MAN HONL HOME VILLONOKEZ	ADDRESS					
>	3-5-66 FAIT AN NORTH	She ela Is and They the	204 /200					
	DATE SI I SI	MODERAL TILLERY (11)779 TI	107 /WW/ OL -					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

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(Stote)

DATE SIGNED

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VS A15 (4) ISM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3037

CERTIFICATE OF DEATH

02979

Reg. Dist. No. 215

	o. COUNTY Montgomery MARYLAND	a. STATE District of Columbia					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nagres) town) Bethesda Rural 23 days	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Washington, D.C.					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U. S. Naval Hospital	d. STREET ADDRESS 121 Peabody Street, N.W. e. IS RESIDENCE ON A FARM? YES \(\subseteq \) NO \(\subseteq \)					
	3. NAME OF DECEASED (Type or print) William George	BUCHANAN OF MARCH 10 1956					
	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-31-77 9. AGE (In years lif UNDER I YEAR IF UNDER 24 HRS last bickletoy) Months Days Hours Min.					
7	100 USUAL OCCUPATION (Give kind of work done) During most of working life, even if retired) Mariner Retired	Treland 12. CITIZEN OF WHAT COUNTRY?					
	John BUCHANAN	Agnes MIOMESÓN					
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	TEMM's. Nadine B. BUCHANAN ""					
de de la companya de	5 Pulmonary Emboli	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of twork of two						
	21. I certify that I attended the deceased from 17 Feb 19 56, and that death occurred at 7:50A M, from the causes and an the date stated abave. ACTUAL SIGNATURE ADDRESS (Street, city or town, state) M.D. USNH, NNMC, Bethesda, Maryland PHYSICIAN'S R. G. WILLIAMS LCDR USN (MC) USNH, NNMC, Bethesda, Maryland						
		tional Cemetery Arlington, Virginia					
	23. FUNERAL DIRECTOR'S SIGNATURE HINE'S Fune 120 155 Home, 2901 14th 24a. REC'D BY REGISTRAR'S SIGNATURE Street, N.W. Washington, D.C. Date 10 Mar 56 Day & Annelle						

a A a

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 ce		3038 CERTIFICATE OF DEATH Reg. Dist. No. 12980
Page directo	1.	PLACE OF DEATH COUNTY MOINT GOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE MARYLAND b. COUNTY MONTGOMER
vneral Id be f	,	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) BETHESOF
of the fa	0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR A FARM? YES NO FE
ted in 1	3	NAME OF DECEASED Rirst Middle D Last 4. DATE Day Year
withhin with his	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1. Sex 1
nd completed completed completed death.	10	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
carbon affer d	13.	FATHER'S NAME STEVE BURCH 14. MOTHER'S MAIDEN NAME UNKNOWN
physical remove 2 hours	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
death of the ding please within 7	F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
y the a		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO
igned b permit in any		Conditions, if any, which gave rise to Immediate cause (a), stating the under DUE TO A Table 10 Color of Color
law rec ysician been s fronsit al, and	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
AN: The shaling photograph icase has he burial or remay	CERT FICA	20a. ACCIDENT WAS UNDERLYING FOb. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH FOb. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.)
r use as l	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.n. 19 While Not work of wo
inding the haspil the After sched for veriol, or		21. I certify that I attended the deceased from 3 ° 16 1 , 1956, to 3 ° 24 , 1956, that I lost saw the deceased alive on 3 ° 24 , 1956, and that death occurred at 550 AM, from the causes and on the date stated above
RECTOR		ACTUAL STUWENT COLORS M.D. 3921 Ingoman St N.G. 00 32456
TAL O		PHYSICIAN'S Stewart Clapp M.D.
o HOSP may be O FUNE page 3 the regi	220	BURIAL CREMATION, 22b. DATE THEREOF 6 22c. NAME OF COMETERY OR CREMATORY 22d. LOCATION (City, Diver, or COUNTY) PENOVAL (Specify) 3/27/56 MT Chief Maching in 1500)
VS A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE Trancis Callin 3821-14th Mila DATE 3-27-56 Bearing Milander
	-	



MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 213

5	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg. Dist.				
orre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 2/3				
e e	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
E S	COUNTY MONTAMORY MARYLAND	STATE MD COUNTY MMCG				
carefully.	CITY (If outside corporate limits, white RURAL OR and give marcet trown) (in this place) TOWN (If outside corporate limits, white RURAL (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CITY (If outside corporate limits write RURAL and give nearest town)				
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 826 Ciothers. Lame	ADDRESS & 26 Crathers Lane				
information death clearly	3. NAME OF DECEASED: (First) (First) Patrick Bu	(Last) (A. DATE (Month) (Day) (Year) OF DEATH Mar 4 1956				
infordeath	M. RACE: WIDOWED, DIVORCED, (Specify): Qui gla 11-	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
of of	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY!				
	13. FATHER'S NAME:	14. MOTHER'S MAUDEN NAME:				
	Ward Burges	Mary Carher on Campbell				
P.#	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war of dates of service) 10. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Whe of Burgues (fashin) James and There				
Supply	110 100 1 110 Takes (furnis)					
JINK.	ONSET AND DEATH					
Z je	Immediate cause (a)					
5	Antecedent cause(s)					
ans	Diseases or conditions, if any, (b)	the state of the s				
UNFADING Physicians:	giving rise to the above cause DUE TO					
N A	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE					
WITH portant.	DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?				
I tr	200 201 02 01 200 100 100 100 100 100 10	Yee No N				
LY, impo	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	y, 21c. (City or town) (County) (State)				
ZA.	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?				
PLA secial	OF While at Not while INJURY M. work ☐ at work ☐					
E PLAIN especially		ibed above, held an Autopsy 🔲, Inspection 💥, Inquiry 🔟, and				
PE es		ident [], Suicide [], Homicide [], Undetermined cause [].				
WRITE ge is es	SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER				
% & ⊠	Thems & Mosthail	M. D. ASSISTANT MEDICAL EXAM.				
E a	DEMOVAT (Carelles) 4/ 1	RY OR CREMATORY LOCATION (City, town, or county) (State)				
AS	Burial V 3-7-50 Arlington	n Nat. Cem. Arlington Virginia				
国	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7/	24. FUNERAL DIRECTOR ADDRESS				
Pi	3/7/56 Samel A. Braglasp	Robert A. Pumphrey Bethesda, Md.				

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3 to taine should I DEPUTY MEDICAL

above INTERVAL BETWEEN ONSET AND DEATH 11 day Class PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES | NO IX (County) (Stote) Silver Spring, Mont Inspection X, Inquiry X, and find that Undetermined cause DATE SIGNED 22d. LOCATION (City, town, or county) (Slate) MARYLAND 24b. REGISTRAR'S SIGNATURE DATE 7 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Montgomery

Day

USA

Days

e. IS RESIDENCE ON A FARM?

YES NO K

Year

IF UNDER 24 HRS.

Hours

19 56

Min.

N n ?an.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

Months Doys

USA

(County)

Montgomery

Day

IF UNDER LYEAR IF UNDER 24 HPS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍

NOD

(Slote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY

e. IS RESIDENCE ON A FARM?

YES NO

Year

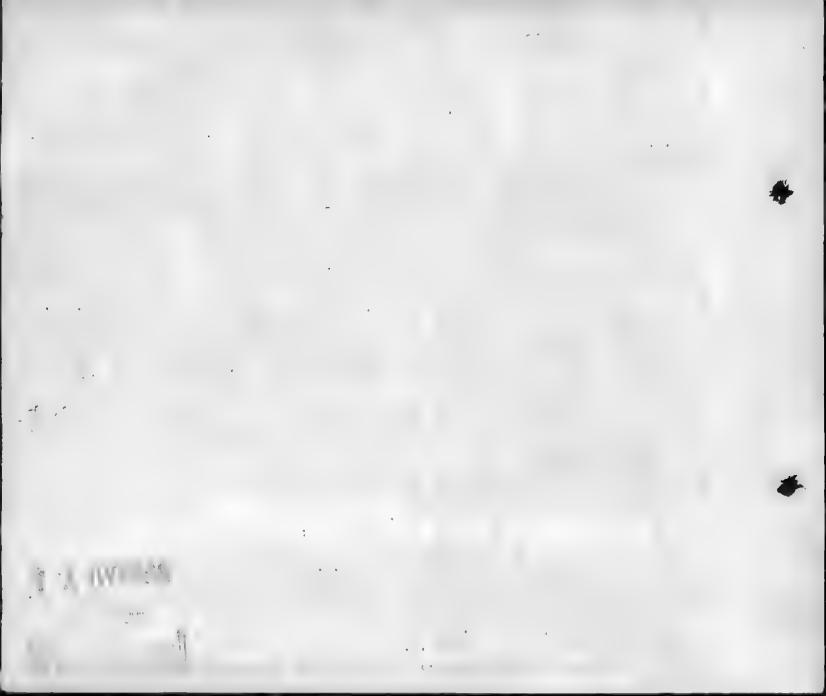
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TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page	Tex.	TO FUNERAL DIRECTOR: After this Certificate has been signed by the ottending physicion and compile.	poge 3 should be detached for use as the burial-transit permit
Y	5 /	415	(4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	,

3042 CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1 PLACE OF DEATH O COUNTY //	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY				
MARYLAND	med 1/1/02/12 x 11				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lown)				
X Chevy Chase	Cycled & War V.				
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS				
TO OK INSTITUTION .	492/ Crescent st. VES NO				
3. NAME OF PECE ASED Add Middle	(O last) 4. DATE Manth Day Year				
(Type or print)	Carful Death March 22 1956				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS				
to yeake cake two will divorced	OCTIT 1869 Strandor) Months Days Haurs Min.				
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life leven if retired)	ISTRY 11. BIRTHPLACE Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY				
$+\omega$	atic, usa				
13 EATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Vilenes 11/ Calles	Villary / Eelly.				
	THEORMANT Address				
[1/ez, no. or unknown) (if yes, give wer or dores of service)	Filence Carry 4921 Corten				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary thro	mbosis hours				
DUETO Arterioscler					
Condition it any which the Hyperphaneter	ezheari disaese years				
gave rise to immediate					
tying couse lost.	arteriosclerois years				
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES \(\sum \) NO [3].				
205. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I ar Part II af item 18.)				
	LACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State)				
Haur a. m. While Nat while fa	actory, street, affice bldg., etc.)				
21. I certify that I attended the deceased from 2-11-4	9				
77 00 = (h occurred at 1:30PM, from the couses and on the date stated above				
drive on the rest of the rest	ADDRESS (Street, city or town, state) DATE SIGNE				
ACTUAL C. P. Vylered	MD 4400- 49th St. N.W.				
SIGNATURE					
PHYSICIAN'S C.P.RYLAND, M.D.	Washington, 16, D.C.				
220 BURIAL, CREMATION, 226. DATE THEREOF / 22c. NAME OF CEMETERY C	DR CREMATORY 22d_LQCATION (City, town, or county) (State)				
REMOVAL (Specify) 3/26/56 (Tickon	Hill with of over				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. BRC'D 8Y REGISTRAR 246 REGISTRAR'S SIGNATURE				
11/20/2011 Je 10/	a tes 36 Merch 28 1956 Mrs Brain homber				

CERTIFICATE OF DEATH 3043 Ren. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived If institution Residence before admission) o. COUNTY o. STATE Filorida Montgomery h COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write A LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest fown) 16 days Pensacola Bethesda NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
The Clinical Center A STREET ADDRESS e. IS RESIDENCE 2009 North Baylen YES NO P NAME OF Middle 4. DATE Year DECEASED 10 56 Leslev Talev March (Type or print) Compton DEATH Female 6. COLOR OR RACE 7. MARRIED KI NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS January 29,1916 out birthday) Months Days DIVORCED [7] WIDOWED [7] comple yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY HOUSEWIII of working life, even if retired) U.S.A. Flori da 13. FATHER'S NAME LA MOTHER'S MAIDEN NAME James Henry Taley Leslie Baxter Garner Haurs remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT The Medical Record Address The Clinical Center. Bethesda. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: to open novice value at 14 hrs. DUE TO permit. Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the under-Hout Persone lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPS PERFORMED? YES IK NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 80 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day. 20d. INJURY OCCURRED (County) (State) factorio street office bidg., etc.) at Work | at work . 19.56 that I last saw the deceased February 22, 19 56 to March 9, 21. I certify that I attended the deceased from. should be detached olive on March ____, and that death accurred at 12: 30AM, from the causes and an the date stated above. may be retained by the TO FUNERAL DIRECTOR: page 3 should be detact ADDRESS (Street, city or town, state) ACTUAL SIGNATURI Mn The Clinical Center, NIH, Bethesda, Md. Edward H. Sharp, M. D. PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Ft. Barrancas Nat. Cem. Pensacola -LscambiaFlorida 3-10-56 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR Bethesda, Maryland Pumphrey VS III15 (4) DATE &

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Mr. KAINIG RINIC

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2988 CERTIFICATE OF DEATH Reg. D	02989 Ist. No. 223
	PLACE OF DEATH o. COUNTY D. COUNTY D. COUNTY D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	Macmery
1	RURAL and give nearest town) Takene factor d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION A Short to Pan to hospital (If not in hospital) Takene factor OR INSTITUTION Takene factor Takene facto	e. IS RESIDENCE ON A FARM? YES NO D
1 3	NAME OF DECEASED (Type or print) No Feedinard JOSEPH CYNICATE Month OF DEATH 172126	Day Year 14 1957- R 1 YEAR IF UNDER 24 HRS
	Marsh 28/967 He widowed Divorced Marsh 28/967 He yrs Months	Days Hours Min.
13	PATHER'S NAME TOWARD NAVAL GUN FACTORY (150 - New Jersey) RATTE & TOWARD ENDING (UNKNOWN)	U5a.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) Adopted Records	4
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) <u>Terminal broncho-finalimonia</u> /5/X DUE TO Conditions, if ony, which) CAT PINAMA ALL PINAMA	Interval Between ONSET AND DEPTH
2	gove rise to immediate couse (a), stating the under lying couse tost. DUE TO (c) CATCLINGTOM OF THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PAIR	3 months
CEPTIENCATO	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury of Port I or Port II of Item (E) (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO [
A DICAS	Hour a. st. While Not while of work of work of work	(County) (State)
1	21. I certify that I attended the deceased from March 5, 1950 to March 1956 that I alive on 1950, and that death occurred at 7.24M, from the causes and on the ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. 7894 Georgia AVP, 5114	the date stated above
	PHYSICIAN'S READ N. CALVERT, N.D.	easpring 10
2	OF BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CENTURY OF CREMATORY 22d LOCATION (C by Jown, or county) SEMOVAL (Specify) 3 - / 7 - 5 C SOME ADDRESS 240. REC'D BY REGISTRAR 246. R	(Stote)
' <u>/</u>	emolly / audin - 3031- ya un 11 V DATE 2-15'30 X/11/11/11	Nocie

Enueva & Z

9561 91 AVW

Justin 3-1-50 . It was Control from the

Arlington National Cemetery

PUMPHREY Funeral Home, 7557

ADDRESS Wisc. Ave Beth. No. REC'D BY REGISTRAR

DATE

Arlington.

3-20-56

24b REGISTRAR'S SIGNATURE

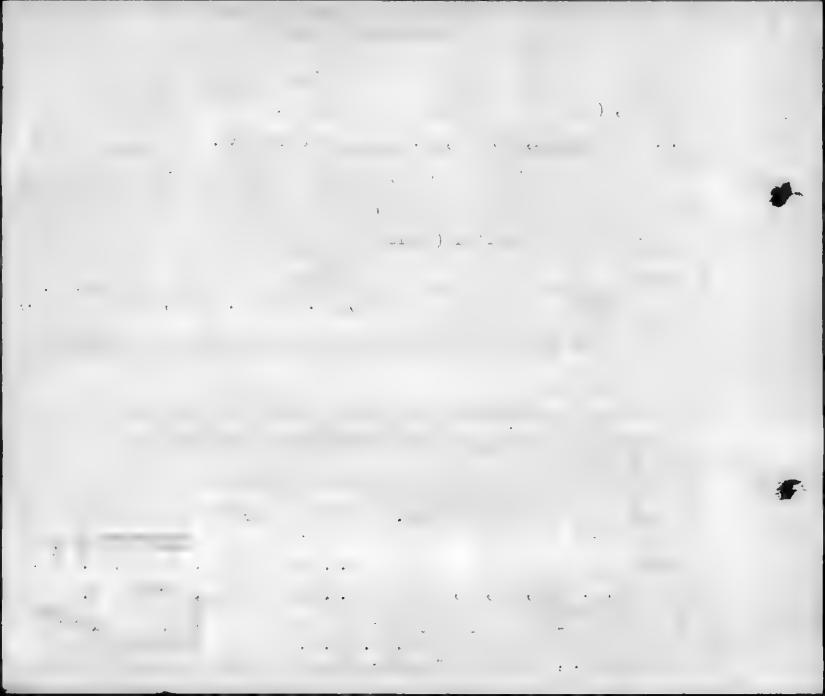
Virginia

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23 FUNERAL DIRECTOR'S SIGNATURE

3-22-56

HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3048 CERTIFICATE OF DEATH

Reg. Dist. No. 217

		0020					P.	reg. Dist. IN	0. 0~ 1
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND				2 USUAL RESIDENCE (Where deceased lived lifensitution: Residence before admission) o. STATE MARYLAND b COUNTY MONTGOMERY					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLINEY				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING				earest fown)	
	OR INSTITUTION BROOKE	E GROVE CONVALES			reet address 707 LAWNI	DALE DRI	IVE		ON A FARM?
3	NAME OF DECEASED (Type or print)	MELV IN	A. Middle	UMMLI	vgs"	4. DATE OF DEATH	Mar.	15	19 56
5.	MALE	6. COLOR OR RACE 7. MARR WIDOWE	1	8. date o	15, 1862			Months Days	R IF UNDER 24 HRS Hours Min.
16	during most of worl	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDUS	5TRY 13. E	IRTHPLACE (State	or foreign count	'ry)		OF WHAT COUNTRY
13.	WALTER S.	. CUMMINGS			THER'S MAIDEN N				
15.		R IN U. S. ARMED FORCES? 16. (If yes, give wor or doles of service)		ART	HUR M. CU	IMMINGS,	Address 9707 LA	WNDALE	DRIVE
		mmediate (Due 70	refor (0). (b). ond (d.) recurrent repliration	•	(o rec	wreus	20)	OL.	TERVAL BETWEEN USET AND DEATH 3 2 days 1 year
CERTIFICATION		AS UNDERLYING TO CONDITIONS OF	CRIBE HOW INJURY OCCURRED					I IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL CE	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year 20d It While	NJURY OCCURRED 20e PL/	ACE OF IN	JURY (Home, form, , office bldg., etc.	20f (City or	lawn)	(Caunty	r} (State)
	21. I certify that I attended the deceased from FRDY, 1955, to Mare 15, 1956, that I last saw the deceased alive on FRDY 13, 1956, and that death occurred at 5:55 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE John N. Andrews, M.D. 960/ Colesville Rd. Siver fringing 3-16-50, NAME (Type) John N. Andrews, M.D.								
R	BURIAL, CREMATIO REMOVAL (Specify) ANS. & BUF	RIAL 3/19/56	FOWLER CEMETERY OF			FOWLER,	MEADE C		(Stote) KANSAS
23	SOLUEN L		ADDRESS LVER SPRING, M	ID.		BY REGISTRAL	. /	AR'S SIGNATU	JRE /

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		Î	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2994				
			2989 CERTIFICATE OF DEATH Reg. Dist. No. 7.23-				
Page lirector ed will			1. PLACE OF DEATH o. COUNTY D. STATE D. COUNTY				
eorn. neral d		, ,	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)				
the fun shauld			d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS A. STREET ADDRESS ON A FARM?				
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in 24 illed ges 1			(Type or print) Davenpari Death 3 - 15 1956				
ole Si		ı	5. SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours low bir/hday) Months Days Hours Min.				
d com	eath.	7	100 USUAL OCCUPATION (Give kind of work done of the local state of work done of the local state of working most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. C.				
an an corbar	ofter o		13. FATHER'S NAME				
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arn ce nding sase re	72 ei 4		VES W.W. 1 - UV My HOSDITA MECOLAS. [18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] [INTERVAL BETWEEN]				
ne de ne atte	in vii	#	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ONSET AND DEATH 31/2, Au				
s mor d by th nit. Th	ny eve		Conditions, if any, which) by arthrapeleration heart deserge 16 yrs				
aquire 2n. signer ii per	i g		gave rise to immediate cause (a), stating the under- lying couse last.				
physicic physicic tas been tial-trans	naval, o	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [
ending ficate 1	Q 76		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)				
his result	emotion		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. P. m. 19 While Not while of work of work to the work to				
hospil After hed fa	<u>יוסו</u> ,		21. I certify that I attended the deceased from March 14, 1957, to March 15, 1957, that I lost saw the deceased				
RECTOR: be delac	or to bu	1	olive on 12				
retain RAL DI shauld	g. g.		PHYSICIAM'S James M Whitlock MD Takoma Park. 12 Max.				
FUNE POR Oge 3	De Leg		220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)				
VS A15 (4)	-		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LISA FUNERAL DIRECTOR'S SIGNATURE ADDRESS LISA FUNERAL DIRECTOR'S SIGNATURE DATE 240. REC'D BY REGISTRAR 245. REGISTRAR 245. REGISTRAR ADDRESS LISA FUNERAL DIRECTOR'S SIGNATURE DATE 100 A TOTAL DIRECTOR'S SIGNATURE ADDRESS LISA FUNERAL DIRECTOR'S SIGNATURE ADDRESS A				
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3050 CERTIFICATE OF DEATH Reg. Dist. No. 2/7
should be filed with	1. PLACE OF DEATH o. COUNTY O. STATE Description: Residence before admission) o. STATE Description: Residence before admission)
Innerol Market	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
N/4	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OLIA Laute 29 36.7.9th Street VES NO
s 1 ond	3. NAME OF DECEASED (Type or print) (Acres 1997) (Type or print) (Type or pri
	5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
nd comple in popers. deoth.	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY OF WHAT COU
icios or e corbo rs ofter	13. FATHER'S NAME 14. MOPHER'S MAIDEN NAME 14. MOPHER'S MAIDEN NAME 14. MOPHER'S MAIDEN NAME 16. Kare Beall
ng phys 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT. West, no or unknown) If yest gives wor or dorse of services 16. SOCIAL SECURITY NO 17, INFORMANT. Which Killiam Branch Branch Cahtan Michigan Branch
ottendi n pleos	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) PART I. DEATH WAS CAUSE (d)
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signed iit perm nd in or	gave rise to immediate corse (a), stating the under-lying couse last (c) Lent arterior lying couse last
os bilen iol-tron iovol, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED? YES NO
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his use os emotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a, m. White Not white foctory, street, office bldg., etc.) P. m 19 at work of work
After the for iniol, cr	21. I certify that attended the deceased from
ECTOR:	ACTUAL SIGNATURE M.D. 30.5 Mil De CULD LEGGLE U. 3
AL DIR hould b fror pri	PHYSICIAN'S J. M. Warren Laurel, Maryland Burtonalle
Poge 31	220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATION (27), town, or county) (Signe)
A15 (4) M 9/55	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE 3 - 27 - 56 Statute B London
Jen 1/33	The state of the s

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1	П	MARYLAND STATE DEPARTA	MENT OF HEALTH-BALTI	MORE, 18
4 26		3951 CERTIFIC	ATE OF DEATH	Reg. Dist. No. 25/6
directo	1.	LACE OF DEATH COUNTY MONTGOMEY 4 MARYLAND	2. USUAL RESIDENCE (Where deceased liveral STATE	b. COUNTY NO N GOME X 4
funeral lid be f	V.	CITY OR TOWN (If outlide carporate limits) write RUBAL and give nearest lown) Ethes city	C'Idan Cum	limits, write RURAL and gree hearest town)
by the by the		OR INSTITUTION SUBJECT	d. STREET ADDRESS 2808 Munso	e is residence on a farm? YES NOTE
24 3 and 3 and 3	L'	IAME OF First Middle RECEASED Type or print) Harry Eduard	DAVIS 4. DATE OF DEATH A	March 3 1956
a within	5. :	EX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH Jan. 13 1900	AGE (in years ost birthday) Months Days Hours Min.
d comp n poper death.	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	USTRY 11. BIRTHPLACE (Slote or foreign country BOCK VILLE MAI	
cion an	13.	TEORGE William Davis	Margaret woy	etta Soper
certifica ng physi remove 72 hour		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If you, give wor or detail of service) NO. (If you, give wor or detail of service)	INFORMANT A LESTELL	e Pavis - ahove
attendii n pleose I within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e Callager T	INTERVAL BETWEEN ONSET AND DEATH
by the		Conditions, if any, which	natenti V	rdiraa 2 year
requires		gave rism to immediate cause (a), stating the wader-lying cause lost.		
he low physicial has beer rial-fran novol, o	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	es Sting July	Culturan /L PERFORMED?
tending ficate the bu	L CERTIF	OR CONTRIBUTING LI CAUSE OF DEATH ((IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part I) o	f
PHYST ol this con amotion	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or toctory, street, affice bldg , etc.)	lown) (County) (State)
NDING		21. I certify that I attended the deceased from Maar	h occurred at 2130 M, from the	3, 19 That I last saw the deceased to causes and an the date stated above
d by the RECTOR Section or to b		ACTUAL SIGNATURE OF CONTROL OF CO	ADDRESS [Street,	city or town, stole) DATE SIGNED 3/1/
retoine RAL DIS Should I		PHYSICIAN'S NAME (Type))	
HESPII may be a FUNER page 3 s ihe regist	220	BUR AL, CREMATION, 226. DATE THEREOF PARK LAV		(City. Jown. or county) (State)
VS A15 (4) 15M 9/55	23	uneral director's signature address laylonarille, to	24g. REC'D BY REGISTRAR DATE 3-6-56	24b. REGISTRAN'S SIGNATURE Beautiful States & Harris & Lange
		Ju France H Franker		The state of the s

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02997
.s.e	3052 CERTIFICATE OF DEATH Reg. Dist.	No. 216
director Red with	1. PLACE OF DEATH O. CQUINTY IVIONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence of STATE Maryland b. COUNTY Montgo	before admission] omery
the function dire	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give peoples town) Bethesda Bethesda	
24	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6014 Melvern Drive 601 Melvern Drive	e. IS RESIDENCE ON A FARM? YES NO ST
lled in b	3 NAME OF DECKASED (Type or print) LULA First Le DAVIS 4. DATE Month OF DEATH March 25,	Day Year 19 56
1		Os Hours Min.
nd cample on popers. death.		EN OF WHAT COUNTRY?
physicion and move corbon hours offer de	13. FATHER'S NAME M Benjamin Harper 14. MOTHER'S MAIDEN NAME Mary Bllis	
ng phys 72 hour	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No (If yes, give wor or doles of service) None Ellise Cooley~ Item # 2	
by the ottendil	592 X DUE TO	INTERVAL BETWEEN ONSET AND DEATH
signed b	Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost. Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost. Conditions, if any, which gave rise to immediate cause (b) Conditions of the under lost rise to immediate cause (c) Conditions of the under lost rise to immediate cause (c) Conditions of the under lost rise to immediate cause (c) Conditions of the under lost rise to immediate cause (a), stating the under lost rise to immediate cause (a), stating the under lost rise to immediate cause (a), stating the under lost rise to immediate cause (a), stating the under lost rise to immediate cause (a), stating the under lost rise to immediate cause (b) Conditions rise to immediate cause (a), stating the under lost rise to immediate cause (a), stating the under lost rise to immediate cause (b) Conditions rise to immediate (b) Conditions rise to immediate (b) Conditions rise to immediate (c) Conditions rise (c) Conditions rise (c) Conditions rise (c) Conditions ri	1044
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this cert	20c. TIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRED Hour a. jr. 19 While Not while of work of our or of the other points. 19 Not while of work of the other points.	unity) (State)
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RAL DIRECT should be d stror prior t	PHYSICIAN TURE G. O'LCOCALE M.D. 4545 Conn Ave. N.W. Was	S Las T
FUNERA FUNERA oge 3 sho	Page Surial, Cremation, 2b. Date thereof Burial Specify 3-28-56 Ft. Lincoln Prince Georges Co.	(State)
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Maryland DATE 3 - 28-56 Registrar's SIGN.	
10111 7700		

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1				MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 32	1			CERTIFICATE OF DEATH Reg. Dist. No. 223
Page directar iled wit	1		1, 6	PLACE OF DEATH DET T GUMEN G MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) DET T GUMEN G MARYLAND D. STATE D. COUNTY
death: uneral Id be f	Tit)	ŧ	CCITY OR TOWN (If outside corporate limits, write c. KENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) MISHAWAKA
urs after by the fi d 2 shoul	d		241	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION (A. STREET ADDRESS ON A FARM? YES NO
124 ha			- (NAME OF DECEASED PRANTA RAVIER DeCLERCES OF DEATH Doy Year OF DEATH Declered OF DEATH Doy Year OF DEATH
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comp paper paper		1	100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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certificating physici remove 72 hours	_		15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs mario Address Mario necessary of the property of the proper
the death ie attending on please				18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH TWO MONTH
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IAM: T rending ficate by the bu			CERTIF	20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)
his this or use as			MEDICA	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. p
NDING he haspi t: Affer ached fo				21. I certify that I attended the deceased fram. 2-10-56, 1956, to Marc 1., 1956, that I last saw the deceased alive an Marc 1., 1956, and that death accurred at 9.55 PM, from the causes and an the date stated above.
OR ATTE ed by it IRECTO!		1		ACTUAL John M. audrews M. 9601 Colesville Rasilvens pring Ma 3-1-57
retain RAL D should				PHYSICIAN'S JOHN N. ANDREWS 9601 COLESVILLE RD., SILVER SPRING, MD.
May be O FUNEIN Page 3	,		220. FR.	BURIAL CREMATION, 26. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) ANS & BURIAL 3/5/56 ST: JOSEPHS CEMETERY MISHAWAKA, INDIANA
VS A15 (4) 15M 9/55			v.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE 3-3-56. FILLER SPRING, MARYLAND DATE 3-3-56. FILLER SPRING, MARYLAND

BUNEAU V. S.

DECENSE!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death; within 24 hours after executed death certificate that the TO HOSPITAL OR VS A15 (4) 15M 9/55 AGAAA

ATE	OF DEATH						112	_
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14.	MOTHER'S MAIDEN N	IAME						
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	Iter 3054 CERTIFICATE OF DEATH Reg. Dist. No. 218
de f	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Tied die	o. COUNTY MONTGOMEN MARYLAND STATE MO 6. COUNTY MONTGOMEN
to see	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
b and T	d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FRAM?
75 of by 14 d 2 st	OR INSTITUTION TO A FARM? YES NO
to bd	3. NAME OF DECEASED High Middle Last 4. DATE Month Day Year
hin 2	(Type or print) AUDE DORSEY DEATH MANOR 193 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 17. 1881 9. AGE (in years If UNDER 1 YEAR) IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
B with	French Cat WIDOWED DIVORCED SEPT 18 1/4 8 1/4 8 Months Days Hours Min.
comp comp paper oth.	Vo USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTI
ond ond	13. FATHER'S NAME 11.
I je cigi ge	John HRiggs may Frazier
physic physic physic physic phone ph	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1981, no or unknown) (19 yes, give wor or dorse of service) Address, Tailhers fire?
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otten otten with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO! PART I. DEATH WAS CAUSE TO! PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSE TO! PART I. DEATH WAS C
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es the est the rail.	Conditions, if any, which gove rise to immediate (b) Character of the conditions of
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law r ysicia been trans al, ar	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The g phi g phi serior	YES NO LE 20g. ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
IAN: endin ficate the b	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH II F EITHER, NOTIFY MEDICAL EXAMINER)
Sign of the state	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote House
or on creme	p.m. 19 of work of ot work
DIN hosp After hed i	21. I certify that I attended the deceased from 1941, 1942, to 1942, to 1943, that I last saw the deceased alive an 1944, and that death occurred at 6 1 M, from the causes and an the date stated about
TOR:	ADDRESS (Spreat, city) yourn, stote) DATY SIGN
OR Pured by Market of the prior	actual Metites Dewell MD. Noweel Af New No
FAL CAL CAL	PHYSICIAN'S NEBSTER DEWELL 319156
D HOSPII may be r D FUNER page 3 s the regist	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stole)
5 5 8 5 8 E	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE
VS A1S (4) 15M 9/55	Roy W Jarker & afforming the 13-56 Chuda & Clarker
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1			MARYLAND STATE DEPARTMENT OF	F HEALTH—BALTIMORE, 18	03001
•	/:-\		3055 CERTIFICATE OF	F DEATH	
Page 4		1.		RESIDENCE (Where deceased lived. If instribution: Resid-	ence before odmission)
eath: leral be f		Г	C. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY RURAL and give repress town)	OR TOWN (If outside corporate limits, write RURAL one	give nearest town)
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urs of by th d 2 st	(1		OR INSTITUTION	The same of the sa	e. VERESIDENCE
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d within		50 1	ex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF	BIRTH 9. AGE (In years lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
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ficate ysicia ave a		15.	WAS DECEASED EFER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT	leaner le	al
n certi ng ph e rem 72 kg			no, or unknown) 7 (If yes, give wor or dates of service)		, Md. Route # 2
death trendi pleas within		Г	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY	r	INTERVAL BETWEEN ONSET AND DEATH
the a Then Then			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO DUE TO		6 402
es tho	•		conditions, if any, which gove rise to immediate (b) Fenice Claim &)	heplomy cur	
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ysicic been trans	.ph	S S	PART EL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS ANTOPSY PERFORMED?
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Hendi History the		IL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYCY cal and this r use or remation		MEDICAL	Coc. TIME OF INJURY Month, Dow Year 20d. INJURY OCCURRED While Not while at work at work at work at work	JRY (Home, farm, 20f. (City or town) office bldg , etc.)	(County) (State)
DING hospit Affer ed fa			21. I certify that I attended the deceased from A. 19.		last saw the deceased
TEN The OR: of bur			alive on 1121, 1920, and that death accurred	M, from the causes and an ADCRESS (Street, city or town, sjote)	the date stated above. 3 25 DOATE SIGNED
OR A led by IRECT			ACTUAL Mebries Lewell M.D.	lorbeck Rt Aile	er Spring)
retair RAL D shaule stror p	•	L	PHYSICIAN'S WEBSTER SEWELL		" Rg
A POSP Oy be FUNE Oge 3	•	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR SEMOVAL (Specify) 3/28/56	- 1. /	(State)
5 5 5 5		23	TITLE CON NA CTOMA	Arlington, Va. 240. REC'D BY REGISTRAR 246. REGISTRAR'S S	IGNATURE A
VS A15 (4) 15M 9/55		6	obert L. Phywile Rockville, Mi.	DATE) 14 27/5% Which	in the corre

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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INTERVAL BETWEEN

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PERFORMED? YES NO

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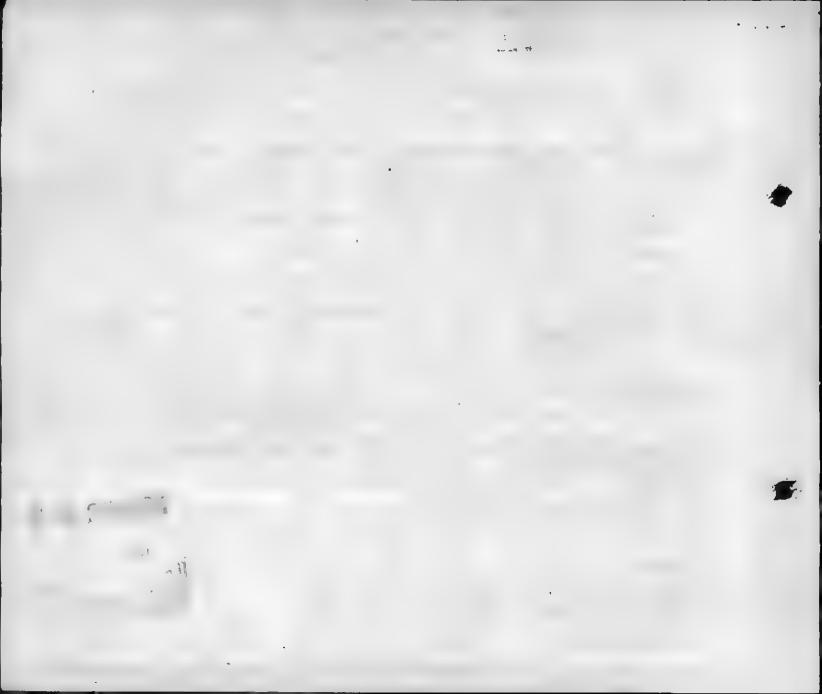
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ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
2056		•	
3056	CEDTIEICATE	OF DEATH	

L		CERTI	FICA	IE OF DEATE	1		Reg. Dist	. No.
1.	PLACE OF DEATH O. COUNTY Montgomery	MARY	LAND	2. USUAL RESIDENCE (WHO o. STATE Marvla		b. COUNTY	ni Residence	
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corpor	ote limits, write RL	JRAL and giv	ve neorest lown)
	Rural-Rockville		_	Rural-Roc	kvill	Le		
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION			d. STREET ADDRESS	4		1	e. IS RESIDENCE ON A FARM?
-	Rural-Rockville,Md.	. (Manor Club		Rural-Rocky		No. Obar	or C	Jubys NO
3.	NAME OF DECEASED (Type or print) JOHN	WILL IAM	EB:	ERT	4. DATE OF DEATH	March	10,	Doy Year 19 56
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIE	D [3]	DATE OF BIRTH		9. AGE (in years		YEAR IF UNDER 24 HRS
	11111100	DIVORCE		Mch 22,187		lost birthdoy) 81, yrs	Months D	Days Hours Min.
10	 USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) 	106. KIND OF BUSINESS O	R INDUS	RY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZ	EN OF WHAT COUNTRY
-	det.	Nursery		Frederic	The second second second	aryland	US	A
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
	John W. Ebert			Emma E. S	Stanle			
	. WAS DECEASED EVER IN U. S. ARMED FORCES 10. no. or unknown) [[If yes, give war or dates of services.]		. 17. IN	FORMANT		Addre	PSB	
L	No L		Je:	rney Ebert-	-Item	4 2		
	18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).		1 11.	9			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congrate	up	heart fre	leen			1wh
	, DUE TO			C.				
	Conditions, if any, which) (b)_	Chamie	120	ly a coura	ites			5 yea
П	gove rise to immediate coese (a), stating the under							
	lying couse lost. (c)_				·			
CATION	PART II. OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEA	TH BUT I	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART I	1(0) 19 WAS AUTOPSY PERFORMED?
٥								YES NO 12
CERTIF	200. ACCIDENT WAS UNDERLYING [] 200 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	6. DESCRIBE HOW INJURY OF	CCURRED	(Enter noture of injury in F	Part I or Part	It of item 18.)		
13		20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	, 20f. (City	or lown)	(Co	unity) (State)
MEDICAL		While Not while of work of work	toci	ory, street, office bldg., etc.	1			
	21. I certify that I ottended the de	aceased from	1	10 5/ 10 /	Mar	£ 1051	that I la	ist saw the deceased
	olive on Munch 5	1	donth	occurred at 1:00				e dote stated obove
П		Careary ond mar	dealli			reet, city or town, s		DATE SIGNEE
П	ACTUAL SIGNATURE	Marin	: .	5	11	In.		Med 3/10/5
		1		.0.	7-			- September
	PHYSICIAN'S D. Bonifant	Sandy Spr	ing	, Maryland			3/1	0/56
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEME		CREMATORY		ION (City, town, or		(State)
L	Burial 3/12/56	Mt. Oliv				erick, I	Maryl	and
23.	FUNERAL DIRECTOR'S SIGNATURE	rederrek, Ma	ryl	and 246. REC'E	BY REGISTI	-,	TRAR'S SIGN	NATURE
M	R. Etchison Funer	ral Home		DATE 3	1/2/3	6 Law	xel)	r. Bushing

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,	PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING 3 YRS.	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) SILVER SPRING
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 11,602 IDLEWOOD ROAD	d. STREET ADDRESS 11,602 IDLEWOOD ROAD o. 15 RESIDENCE ON A FARMY YES \(\sigma \text{ NOTE} \)
3	NAME OF DECEASED (Type or print) ROSA BELLE	EDVIARDS 4. DATE MARCH 15 1956
	FEMALE 6. COLOR OR RACE WHITE WIDOWED DIVORCED	B. DATE OF SIRTH JULY 27, 1873 9. AGE (In years left UNDER 1 YEAR) IF UNDER 24 H Months Days Hours Min 82 yrs.
	a. USUAL OCCUPATION (Give kind of wark done) during most of working (life, even if retired) HOUSEWIFE OWN HOME FATHER'S NAME	ISTRY 11. BIRTHPLACE (State or foreign country) VIRGINIA U.S.A. 14. MOTHER'S MAIDEN NAME
'	JOHN HENRY EDWARDS	SARAH unknown
	at the prophenium . He was now one of the last	INFORMANT Address RANDOLPH C. EDWARDS, 11602 IDLEWOOD ROAD
200	gove rise to immediate couse (a), stating the under lying cause last. (c) Cancer	Secondary Anemia 2 mm of Caeum 14m I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
CESTIFICATIO	1	D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a. st. Phone in work at work at work 19 at work 10 to work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stactory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from Mag. olive an 700. 28, 1250, and that death	1, 1954, to 77) WM, 151956, that I last saw the deceded accoursed at 4:00 1:M, from the causes and on the date stated about
	SIGNATURE Jussell B. arnold	M.D 880/ Coleavelle Road. March 15
- 1	NAME (Type) KUSSEll B. Arnold M.D.	Silver Sgring, md.
	O. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY C	

S. Y ULLIU V. S.

DECENALLY

-7	_		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03006
W 40.5			3058 CERTIFICATE OF DEATH Reg. Dist. No. 216
Section 2		1.	PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY
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s after y the fi 2 shoul		F	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM?
24 hour ed in b I and	Ni	3.	NAME OF DECEASED A V T 22 G Y T Middle ' Lost 4. DATE Month Day Year
Foges Foges	Barrens	5.	SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR F UNDER 24 HRS
comple papers.		100	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY
and con oon pap	1.	- 14	Ucodworker Shoreham Hotel Austria U.S.A.
rsician ve cort	/		Adolph Eisenrauch unknown
ng physic e remove 72 hours	(1)	15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1. OC. OT UNITION OF YOUR OF OUT OF SERVICE) 212-01-2419 WIFE NOUISE EISEN YOUR ADDITIONS Address Address Address
attending ottending			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONST AND DEATH ONST AND DEATH
that the by the t. Then y event			DUE TO // - 4/ / -
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tol thi		MEDIC	Hour a. p. While Not while of work of
#Bospi # Aff ched fe			21. I certify that I attended the deceased from 3/8, 1956, ta 3/8, 1956, that I last saw the deceased alive on 3/27, 1956, and that death accurred at 0/91 AM, from the causes and on the date stated above
ATTE bill this ECTOR e deto	- 1		ADDRESS (Street, city or town, state) ACTUAL ACTUAL ACTUAL
AL OR			PHYSICIANS Solar R. Charles Charles Charles Mel
y be re INERA Be 3 sh registr		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BALTIMORE, MARYLAND (Stole)
1 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		23.	FUNERAL DIRECTOR'S SIGNATURE / ADORESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
VII A1S (4) 15M 9/55			Varuer to. Tumphray SILVER SPRING, MD. ONB-30-56 Bessie M. Shompson

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1			MARY	AND STAT	TE DEPART	MENT OF H	REALTH-BA	LTIMORE,	18 ()	3007
			30	59	CERTIFIC	ATE OF	DEATH		47	10.216
director,	1.	PLACE OF DEATH	rtarmery		MARYLAND	II o STATE ~	DENCE (Where deceded	osed lived. If institu b. COUNT	tion Residence by	
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by the		OR INSTITUTION	Subur	San		432	5 East le	10st Digi	huney !	e. 15 RESIDENCE ON A FARM? YES NO D
red in	3.	NAME OF DECEASED (Type or print)	Jilliam"	" J	Middle	Elliso	OF	TH JUBY	ch a	9 1956
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n paper	/ T	during most of wa	ION (Give kind of work in irking life, even if retired	done 10b KIND O	F BUSINESS OR INC	OUSTRY 11. BIRTHPI	ACE (State or foreign	n country)	12. CITIZEN	OF WHAT COUNTRY
cian and carban s after de	13	. FATHER'S NAME	inval 10.	E:11:50	in	14. MOTHER'S	MAIDEN NAME	de		
e remave car 72 hours aft	, [0	. WAS DECEASED EV	FRAN U. S ARMED FOR	ervice] [SECURITY NO. 17.	INFORMANT	ie m E	Missan -	dress	
en please		18. CAUSE OF DE	ATH Enter only on co	use per line for (o). (b). ond, (c).)	aona	my his	Africia	may "	NTERVAL BETWAEN NSET AND DEATH
ed by the mit. The any even		Conditions, if		Con	many	sc	luosi	00		10 year
ion. Insigner and in		lying couse lost	the under-]	0					
physic has bee rial-tra noval,	CATION		THER SIGNIFICANT CON						IVEN IN PART I(o	19 WAS AUTOPSY PERFORMED? YES NO
ficate ficate fine bu	CEPTIE	20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCUR	RED. (Enter noture o	of injury in Port I or I	Port II of (tem 18.)		
this r use as emation	MEDICA	20c. TIME OF INJU Haur C. Jr. p. m.			it while	PLACE OF INJURY I foctory, street, offic	Home, form, 20f (c e bldg., etc.)	City or town)	(Coun	ly) (State)
After : After ched fo		21. I certify a	ar I offended the	deceased from	and that dea	th occurred at	IO 33M fr	om the causes		saw the deceased
d by the	1	ACTUAL	GNAS	On O	War	MD 104		OF City or town		Nag Signing
retaine (AL DI) should stror pri		PHYSICIAN'S NAME (Type)	Horge I.	Grav J	Mai		ens-e	hase.	and	7-11
may be FUNER page 3:	2	o. BURIAL CREMATI REMOVAL (Specify BUTIAL	ON, 26. DATE THEREO		AME OF CEMETERY Lington	or crematory Nat.Cem	N I	ington	or county)	(State) Virginia
S A15 (4)	23	FUNERAL DIRECTO		AC	ethesda.		240. REC'D BY REC		ISTRAR'S SIGNA	
arri Frad	=							The state of the s	20111000	No Property



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RECEIVEN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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BECEINED

VS A15 (4) 15M 9/55 I

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,
3061	CERTIFICATE	OE	DEATH

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1_				GENTIN		112 01 2		• •		Reg. Dist	. No. 🚐	218
1.	PLACE OF DEATH	Montgomer	У	MARYL	AND	A CTATE		there deceosed	l lived If institu b. COUNT	V 5.0	before od	
X	RURAL and give	(If outside corporate liminearest town) rsburg	its, write	c. LENGTH OF STAY II	N 15	_		outside corpo	role limits, write	RURAL and gi	re nearest	lown)
	d, NAME OF HOSP OR INSTITUTION	17AL (If not in hospital, of 10 Oak S	ive street o	,		d. STREET A		Stree	t		0	RESIDENCE IN A FARM? S NO X
	NAME OF DECEASED (Type or print)	Annie	rst	Ldurd	7	Faire	11	4. DATE OF DEATH	141= 6	onth L	Day L	Yeor 19 5 [
5. 5	Female	6. COLOR OR RACE White	7. MARR		WLO.	7-11-	1868		9. AGE (in years lost birthday) 87 yn	Months _D		INDER 24 HRS.
100	during most of wo Houseke	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR Home	INDUS		rvla		untry)		EN OF W	HAT COUNTRY
13.	FATHER'S NAME	A. F. Fa	iral			14 MOTHER'S	MAIDEN		E. Wood			
15. (Yes	WAS DECEASED EV. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of t	CES? 16.	social security no. None		Merton	F.	Duval	1 10 08	ak St.	Gait	h.Md.
		immediate (Hy	perten:	Fi	ilur	e rdi	0 V4	scular	disas	ONSET A	L BETWEEN
CERTIFICATION	lying cause last		1	HERLOSC CONTRIBUTING TO DEAT			THE TERM	AINAL DISEASE	CONDITION G	IVEN IN PART	PE	AS AUTOPSY REORMED?
	LOR CONTRIBUTIN	AS UNDERLYING D G D CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURREC). (Enter nature o	f injury in	Port I or Port	(I of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a, p. p. m.	10	or 20d. th While of worl	Not white		CE OF INJURY (I fory, street, office			ar lown}	(Co	unty)	(State)
	alive on	hat I attended the	12 1	Leal	death	occurred at		BM, from	the causes	and on the		he deceased tated above DATE SIGNED
	NAME (Type)	uciano 1.	Lea	1. Led	4	G	21	74 00	-550	rx	Me	Q
Bu	REMOVAL (Specify	3-24-56)F	Rockvill				_	ON (City, town, CKVill (**	,	siote) 'yland
	funeral directo lobert A	T) 1	У	ADORESS Bethesda,	Idd	•.	24a. REC	D BY REGIST	76 246. REG	12 rde	ATURE .	Tookie

pleose	4 should	cremof	
Eny delay is necessary,	neral director, Page	Your files. registrar prior ta buriol,	(
	cute the certificate, writing the dispersion in pencil in Item 18. Give Pages 1, 2, and 3 to 1, meral director. Page 4 should	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-fronsit permit. File pages-1-and 2 with the registrar prior/to buriol, cremat	
VS.	. A1:	SME(5)

5M 9/55

MAR	YLAND	STATE	DEPARTME	NT OF	HEALTH-	BALTIMORE,	
30621	MEDICA	AL EXA	AMINER'S	CERT	IFICATE	OF DEATH	

18 (131)11)
Reg. Diet. No. 2 1/6

E OF DEATH									nce bef	ore odm	ission)
			,		MELYI			MOI			
no give nearest town)		# KUXAL	C. LENGTH OF STAT	IN IB			,	KURAL and	Bise ur	poresi lo	wn)
		If not in hosp	pital, give street address	4)		8.08	K= 5		1	m. IS R	ESIDENCE
Falls						lls Ro	1.			ON	A FARM?
ASED			Middle		Leni	4. DATE	Mont	h	Day	١	fear
or print}						DEATH		4		1	9 56
ale	6. COLOR OR RACE				1/21/1902		last birthday			Hours	Min,
JAL OCCUPATION	(Give kind of work	done 10b. KI	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	r or foreign (12. CITIZ	ZEN OF	WHAT	COUNTRY?
Labore	re. even it renied)	Cen	ment finish	er	Va.			τ	J.S.	Α.	
Charles	Fairfax			1							
DECEASED EVER	R IN U. S. ARMED FO If yes, give wor or dates of	RCES7 16. S	OCIAL SECURITY NO			ax,	Bethesda,	Ml.			
PART I. DEATH	WAS CAUSED BY	0.0		lusi	on		\.		ONSE	T AND DEA	ATH
e rise to immedia stating the un se fast.	ofe cause derlying DUE TO										
PART II, OTHE	R SIGNIFICANT CON History	of pr	TRIBUTING TO DEATH	acks	T RELATED TO THE TERM	INALDISEAS	E CONDIT ON GIV	EN IN PART		PERFO	AUTOPSY PRMED?
EXTERNAL CAUS MARY OF CONT ISE OF DEATH.	RIBUTING []	b. DESCRIBE	HOW INJURY OCCUR	RED. (Ente	r nature of injury in For	1 f or Port II	of item 18.)				
TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While	Not while	e. PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	n, 20f. (Cit)	y or lown)	(Cour	nly)		(Stote)
							nspection 📑	Inquiry	园 ,	and t	find that
oth resulted f	rom: Natural	causes 🐔	, Accident [],	Suicio	fe, Homicide	<u>□</u> , ∪	ndetermined o	ause 🔲.			
NATURE 7	rank)	. 13/	ronthen	1			_			DATE S	ICNED
ME (Type)	Frank J. B	roscha	rt				Sand	3/	25/	56	
IAL CREMATION OVAL (Specify)	3/27/56	F 2			EMATORY			or county)		(Stote	p)
	SIGNATURE	rder	ADDRESS					STRAR'S SIGN	ROZ	no	son
	PART II. OTHE EXTERNAL CAUSE OF DEATH. PART II. OTHE EXTERNAL CAUSE OF DEATH. TIME OF INJURY HOW OR INJURY HOW	Y OR TOWN III outside corporate limits, write of give nearest lown) Bethesda R-3 ME OF HOSPITAL OR INSTITUTION (Falls Rd. FOR ASED or print) Clarence 6. COLOR OR RACE OOL JAL OCCUPATION (Give kind of work a most of working life, even if retired) 12DOPER MER'S NAME Charles Fairlax DECEASED EVER IN U. S. ARMED FOR the month of the print	Montgomery Y OR TOWN It outside corporate limit, write PUZAL and give nearest lown) Bothosda R = 3 ME OF HOSPITAL OR INSTITUTION (If not in hosp Falls Rd. E OF First ASED ASED Clarence Wilber 6. COLOR OR RACE 7. MARRIE OOL IMPOWED JAL OCCUPATION (Give kind of work done 10b. KI Laborer HER'S NAME Charles Fairfax DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or doles of nervice) TO DUE TO Inditions, if ony, which or itself to immediate cause stoling the underlying se fost. PART II, OTHER SIGNIFICANT CONDITIONS CON History of pr EXTERNAL CAUSE WAS LARY E or CONTRIBUTING D EXTERNAL CAUSE WAS LARY E OR DEATH. TIME OF INJURY Month, Day, Year HOW O. m. P. m. 19 diveries LAMINER'S Frank J. Brosche AMINER'S Frank J. Brosche AMINER'S ME (Type) ANATURE LAMINER'S LARY E OF DEATH. TO CONTRIBUTION D AMINER'S FRANK J. BROSCHE AMINER'S FRANK J. BROSCHE AMINER'S LARY E OF DEATH. TO CONTRIBUTION D AMINER'S LARY E OF DEATH. TO CONTRIBUTE D AM	MARY Y OR TOWN It out-de corporate limits, with EURAL Y OR TOWN It out-de corporate limits, with EURAL Bethesda R-3 ME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address Falls Rd. E OF ASED Or print) Clarence Wilbert Fairfax 6. COLOR OR RACE MIDOWED DIVORCED DIVORCED JAL OCCUPATION (Give kind of work done) I aborer BER'S NAME Charles Fairfax DECEASED EYER IN U. S. ARMED FORCES? I CHARLES FAIRFAX DECEASED EYER IN U. S. ARMED FORCES? I DECEASED EY	MONTE OMERY MONTE OMERY Y OR TOWN IT out-de corporate limits, write RURAL of give necessal form) ME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Falls Rd. Falls Rd. For print Clarence Wilbert Fairfax 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. C ALC OCCUPATION (Give kind of work done) Import of working life, even if retired) Indoorer LERS NAME Charles Fairfax DECEASED EVER IN U. S. ARMED FORCES? IN THE OF LIMITS GOVERNOUS IN MEDIATE CAUSE BY (MARRIED COPPARY) IN THE OF INJURY Month, Day, Year PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO History of previous attacks EXTERNAL CAUSE WAS ANY OF CONTRIBUTING D LECTIFY THAT IS OF INJURY Month, Day, Year DOUE TO CONTRIBUTING D LECTIFY THAT I TOOK charge of the remains described above ath resulted from: Natural causes 1. Accident 7. Suicident MALURE MILL Specify) J 27 56 WOOD LEAN. ADDRESS ADDR	MONTE OMERY MONTE OMERY MARYLAND Y OF TOWN IT SUND TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM BETH OF HOSPITAL OR INTERTUTION (If not in hospital, give street address) Bethe day recount its and an address of service) Falls Rd. Falls Rd. For Middle Color OR RACE MIDOWED ON ON OR PROCESS Less COLOR OR RACE MIDOWED ON ON OR DEATH COLOR OF RACE MIDOWED ON ON OR DEATH II. BIRTHPLACE (Store and or work done) OR CHARLES FROM THE STORE AND TO COLOR OF THE STORE AND THE ST	Montgomery Y OF TOWN IT ONLY CONTRIBUTING 1 Bethesda R-3 MC OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Falls Rd. For Aset Or print) Clarence Wilbert Fairfax 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH OP DEATH ALS OOL WIDOWED DIVORCED 1/21/1902 JAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign in many of working life, even if relired) DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Velvet Fairfax, 14. MOTHER'S MAIDEN NAME Julia Gamby 18. Pre year wor of dates of winner) DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Velvet Fairfax, 18. DEATH WAS CAUSED BY. 18. DEATH BUT NOT RELATED TO THE TERMINAL DISEAS BY 18. DEATH WAS CAUSED BY. 18. DEATH BUT NOT RELATED TO THE TERMINAL DISEAS BY 18. DEATH BUT NOT RELATED TO THE TERMINAL DISEAS BY 18. DEATH BUT NOT RELATED TO THE TERMINAL DISEAS BY 18. DEATH BUT NOT RELATED TO THE TERMINAL DISEAS BY 18. DEATH BUT NOT RELATED TO THE TERMINAL DISEAS BY 18. DEATH BUT NOT RELATE	MARYLAND O. STATE MRYVLAND O. STATE MRYVLAND Dethosda R-3 Bethosda R-3 ASEC ADDRLSS Falls Rd. First Middle Load STREET ADDRLSS Falls Rd. Clarence Wilbert Fairfax Bool Clarence Wilbert Fairfax Cool Coor Race 7. Marreto New Marketo Bearing Street Address Street A	MONTE OMOTE OMOTE AND A COUNTY MONTH OF STATE MATERIAL OF STATE MA	MONTE OF CORNEL AND COUNTY Monte corporate lames, write RUPAL of give an execute work. When the compared lames, write RUPAL of give an execute work. When the compared lames, write RUPAL of give an execute work. Bethosda R-3 Bethosda R-3 A STREET ADDRESS Falls Rd. First A COUGH OR RACE [7. MARRIED [2] NEVER MARRIED [3] J. DATE OF BIRTH A COUGH OR RACE [7. MARRIED [2] NEVER MARRIED [3] J. DATE OF BIRTH A COUGH OR RACE [7. MARRIED [2] NEVER MARRIED [3] J. DATE OF BIRTH A COUGH OR RACE [7. MARRIED [3] NEVER MARRIED [3] J. DATE OF BIRTH A COUGH OR RACE [7. MARRIED [3] NEVER MARRIED [3] J. DATE OF BIRTH A COUGH OR RACE [7. MARRIED [3] NEVER MARRIED [3] J. DATE OF BIRTH A COUGHATION, [Crive kind of work done in the work of common in the standard of the work o	MONTE OMOTE OMOTE OMOTE OF THE COLOR OF THE COLOR OF STAY IN 18 DECEMBER 18 1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

3063

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
MARYLAND MARYLAND	ma ^r	Mony
CITY (If outside corporate limits, helte RURAL and LENGTH OF STAY OR give nearest town) TOWN (In this place)	OR OWN / Liver Office Corporate limits, write RURAL and give OR TOWN	a nearest town)
HOSPITAL OR	STREET (If r)(ral, give scation)	
INSTITUTION OR STREET ADDRESS 240/ Price Cure	ADDRESS 8507 Weld Blackwhise	Ref
3. NAME OF / (First) (Middle)	(Last 4. DATE (Month)	(Day) (Year)
OFCEASED (Type or Print) Cannual	DEATH MAN	5 1956
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year ill under 24 bre.
(Specify) MIDOWED, DIVORCED (Specify) Married	172-15-87 1 69 ym.	Day Hours Min.
done during most of working life, even if retired) 10b. Kind of Business on done during most of working life, even if retired) 1 Noustry		COUNTRY?
Nut Vendor	Mussia	21.54
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	`
- Millenon	mount	
15. WAS DECEMBED EVEN IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	ß
laervice)	Im Shows Fort (wrfe) Same a de	m >
IR. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	ONSET AND DEATH
421 mmediate cause (a) Coronary o	N + C + 1 + 20	suddier
Immediate cause (a) Concury o	Court of the state	Jako Calada Swellako katharika
Antecedent cause(s)		
Diseases or conditions, if any, (b)	dyn 8 An 2 NA Ah mirras hrailmeilyndynnygwr hegygydynnig dysg bynnyf y Gwydd y adwerdiwellweil Syr	
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
		Yes 🗆 No 🛭
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF While at Not while INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection R. Inquiry X thereon and	from the evidence
from: natural causes [3] accident [7], suicide [7], homicide 7],	used area on the ary stated above, and aeath in my	opinion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
of an Burney	11 -0 0	7 10 17
Mand & Mouthant my	Harrier and ind	2 1-26
DEMINUAL (Specific)	RY OR CREMATORY LOCATION (City, town, or coun	
Burial Warch 7.1956 King David Me		/irginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG3-5 56 Prance totter	1.13 Lamanoton Win Mashir	ngton, D.C.

Thm gorrept age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

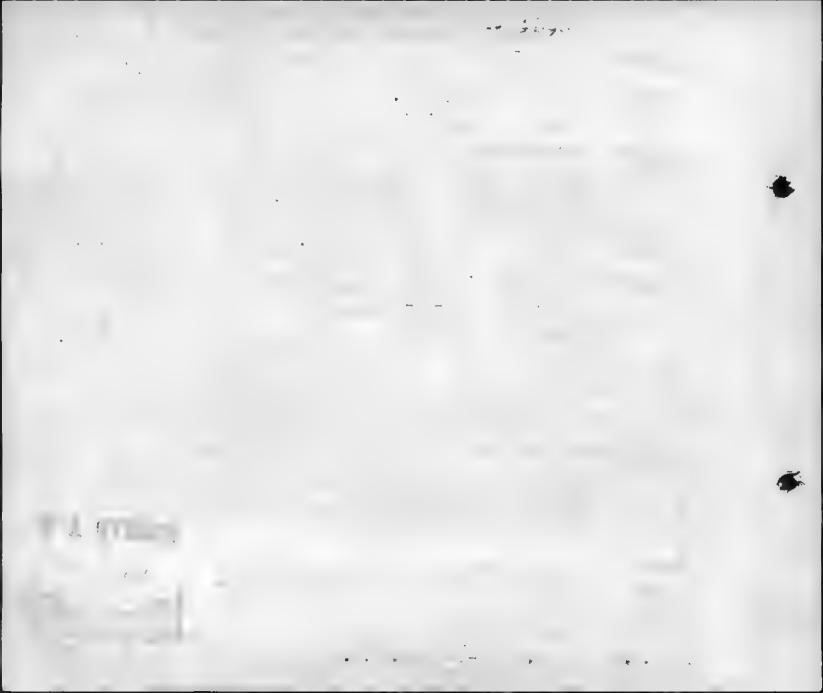
PRIMITAL V. S.

, 44M

	ae I roa	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	I No. 212								
		1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:									
√ É	#	COUNTY Marting MARYLAND	STATE MA COUNTY MINE	D.								
1	,E	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL									
1	leg	OR and give nearest town (in this place)	TOWN Gairtusburg	V								
	ig i	HOSPITAL OR	STREET (If rural, give location	on)								
	3 65	STREET ADDRESS Saitherston	ADDRESS 201 L	. /								
		3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)								
	death clearly and legibly.	DECEASED: (Type or Print)	deut lin DEATH Man	11 1956								
	- E	5. SEX) 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		1 YEAR IF UNDER 24 HRS.								
	lea l	RACE: WIDOWED, DIVORCED, (Specify): Marie (ch	19-1926 3 yrs Months	Days Hours Min.								
	ايوة	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life. INDUSTRY:	R 11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WIIAT								
N !	ivem ises o	even if retired): Truscu-Ac 7/7 1- w m 11/1	Janusten Cirth.	9154 -								
	117	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:									
Ž	can	cellerest linterion	Carlegue Prosession	6								
1	the	15. WAS DECEASED EYER IN U.S. ARMED FORCES (16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	301 fer 16-								
Q -	d of	service)	Burneth L'Fera let	Canther 1. 1								
C	Supply write	18. MEDICAL CERTIFICATION										
		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH								
RV	NK.	Immediate cause (6). asplancia du	a to languaged spram	-+ m P								
SE	ple	Immediate cause DUE TO		dent in								
RE	ns:	Antecedent cause(s) Discusses or conditions if any (b) dispuration of file	out due to Lacurky time	me betron								
Z	ian ian	Diseases or conditions, if any, (b)	J	perer_								
GI.	hysicians	stating underlying cause last (c) hall following	efelite: Dessure									
MARGIN	Phy	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	V									
Z,		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	later several you up	* *								
į	WITH ortant.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?								
	> PS			Yes 🖫 Nu 🗀								
;	m, m	21s. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY		(State)								
,	FLAINL pecially i	21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at Not while	21f. HOW DID INJURY OCCUR?									
	Cia	INJURY M. work at work										
	Spe .	22. I hereby certify that I took charge of the remains describe										
	H 20	find that death resulted from: Natural causes A, Accid	dent □, Suicide □, Homicide □, Unde CHIEF MEDICAL EXAMINER	termined cause								
	WKITE Ige is esi	Ta 10 3 1 1 4	DEPUTY MEDICAL EXAMINER									
		28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER										
	স স	REMOVAL (Specify):	Le Free Ches Horse	(blade)								
i	E P	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS								
1	PLE.	Mile 13 9 Se la estada La trade	Lassell to - Yacher 4	rettere by								

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	1, l	LACE OF DEATH	+ comover		MARY	AND	2. USUAL RESIDENCE (D. STATE MARINE		sed lived. If Instit b. COUN	11	ce before admission)	
117	b	. CITY OR TOWN (IF	tgome ry pulside corporale fimits, write	RURAL	c. LENGTH OF STAY I		c. CITY OR TOWN (porote limits, write	RURAL ond	ive nearest town)	_
nu / f		Fakoma Pa			D. C.	Α_	l ·	svill		16-1		v
1 1	d			not in hosp	pital, give street address		d. STREET ADDRESS	713 V			. IS RESIDEN	GE .
		Jashingto	n San & ho	spita	1		1703	Grosby	y toad		YES NO	
	3. 1	NAME OF DECEASED	Fire		Middle		Losi	A. DATE	Monl	h	Day Year	
		Type or print)	elville		Frank	rr	eas,Jr.	OF DEATH	Larch		31 19 56)
	5 . S	EX	6. COLOR OR RACE	7. MARRIE	DEVER MARRIED				9, AGE In years lest birthday	IF UNDER 1		RS
		7.	v.l	WIDOWED	DIVORCED [ן כ	Oct. 30, 191	17	38 уль	Months D	ays Haurs Min.	
				one 10b. K	IND OF BUSINESS OR I		RY 11. BIRTHPLACE (Stole	or foreign	country)	12. CITIZ	EN OF WHAT COUN	۲R۱
	0	Accounting	g life, even if retired) : 12				Conn.				J. S. A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Melville	Frank Fre	as, S	r.		May Sha	W				
	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
1	1140	10, 01 01110	March 142-1		202-01-9	875	Father					
		18. CAUSE OF DEAT	H [Enter only one cour	e per line t	or (a), (b), and (c).]						INTERVAL BETWEEN	
		PART I. DEAT	H WAS CAUSED BY:	C	oronary occ	lus	ion				onset and death	
		120.1	DUE TO									
		Candilions, if an										
		gave rise to immed	fate cause									
		(a), stating the u	fe)_									
	Ž Q	PART II, OTH	ER SIGNIFICANT CONE	ITIONS CO	NTR BUTING TO DEATH	BUT N	OT RELATED TO THE TERM	HNALDISEAS	E CONDITION GI	VEN IN PART		
	ATK										YES NO	_
	CERTIFIC	200 EXTERNAL CAU	SE WAS 20t	. DESCRIBE	HOW INJURY OCCUR	ED. (E	nter nature of injury in Po	rt ar Porl II	of item 18.)		,	
	CER	CAUSE OF DEATH.	III OMITORIA									
	₹	20c. TIME OF INJUR	Y Month, Day, Yea				E OF INJURY (Home, for		y or town)	(Coun	ty) (Stal	0)
	MEDICAL	Hour o.m.	19	While of wor		TOCIC	ry, street, affice bldg., eld					
	-		at I took charge	of the r		abo	ve, held an Autop	sy 🗍 . 1	nspection X	. Inquiry	XI, and find t	ho
		-	•				ide [], Homicid		ndetermined			
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		ACTUAL	the il Di	120	oschart		CHIEF MEDICAL E	XAMINER [DATE SIGNED	
4		SIGNATURE	and J.		THE WILL		_M.D. ASSISTANT MEDIC	_	4.5.			
		EXAMINER'S NAME (Type)	Frank & Br	oscha	rt		DEPUTY MEDICAL	EXAMINER!	7 Marc	ch 31.	1915	
	220	BURIAL, CREMATIO	N, 226. DATE THEREO		22c. NAME OF CEMETE	RY OR			TION (City, town,		(Slate)	
		REMOVAL (Specify)	4/1/5	6	Northwo	_	Cemetery		Philade		Pe	
	_	FUNERAL DIRECTOR		,	ADDRESS		24a. REC	'D BY REGIS		STRAR'S, SIGN	NATURE 121	f.
	TH	ie SaHe I	Hines Co.	220	l-14th st	• N	.W. DATE	4/3/5	6 4	11/1/20	n 10001	
	400.00											



1			MARYLAND STATE DEPARTMENT	NT OF HEALTH—BALTIMORE, 18
# 2.5			3965 CERTIFICAT	TE OF DEATH Reg. Dist. No. 13014
director filed wit	B.	1.	PLACE OF DEATH o. COUNTY Montgomers	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nash. W. C. b. COUNTY
funeral	1		b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ors atter by the fi d 2 shaul	`,	1 4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON SING TON GAYDERS NOTSING HOME	d. STREET ADDRESS 5930-13 th Place N.W. VES NO □
led in		1	NAME OF DECEASED [Type or print] Amuel Figs Middle Figs	RIEDMAN ATE MARCH 11 1956
olets		5. :	SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years less birthday) 7. AGE (In years less birthday) 7. AGE (In years less less less less less less less le
nd comp n poper death.	54	10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRED FOR MORE OF BUSINESS OR INDUSTRED FOR FOR MORE OF BUSINESS OR INDUSTRED FOR MORE OF BUSINESS OR INDUSTRED FOR MORE OF BUSINESS OR INDUSTRED FOR MORE OF BUSINESS OR I	Y 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS
physician or move carbo		13.	Harry Friedman	7 Lcta L16501
ng physici re remove	ار	1\$. (Ye	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	OSam Jeweler Wash, B.C.
attendi n pleas t within			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) EVEL VAL I	hrombosis (CVA) INTERVAL BETWEEN ONSET AND DEATH
by the			Canditions, if ony, which (b) Cevebral	Arteriosoferosis over /yr
on. n signer sit pern			gave rise to immediate code (a), stating the underlying couse last.	
physici physici nas beer ial-fran	4	CATION	FRACTURE LEFT HIB	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE
the but		CERTIFI	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item 18.)
ol of this certification of the osteros	,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Foctor While Not while foctor p. m. 19 of work of work	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
NDING e hospilt : After ched fo uriol, cr			21. I certify that I attended the deceased fram February alive an March 10 - 1956, and that death of	
d by the IECTOR be deto be deto by ar to b			actual Signature Samuel Dove M.	ADDRESS (Street, city or town, state) DATE SIGNED 1801 Eye St N.W. 3/11/56
retoine RAL DII Should	}		PHYSICIAN'S SAMUEL DOVE	Waghington 6, DC.
moy be O FUNE Poge 3		220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR COREMAN AND COMMENTAL CONTROL OF CEMETERY OR CONTROL OF CEMETERY OR COMMENTAL CONTROL OF CEMETERY OR	REMATORY 22d LOCATION (City, Jown, or county) (Stole) 77 eter Maspeth, L, I. N. Y
VS A1S (4) 15M 9/55		23.	D. Dauguesky Soy 3501-14 St	DATE 1 3 1056 Mrs. Frances fother

A AND IN

t 94.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
-	_	te: 6, Film 3193 3-16-56 et CERTIFICATE OF DEATH Reg. Dist. No. ZZ	3
* 音楽	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution, Residence before admission	3
2 5 1		O. COUNTY ON EYY MARYLAND OSTATE NOVY JAND B. COUNTY MONTE ON	0 V 1
te g the		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give regress town) RURAL and give recress town)	717
fore		vashington Sant Holm. Ad /2 Ma jako ma Park.	
after the graph of		d. NAME OF HOSPITAL VII not in hospital, give street orditess) OR INSTITUTION 6. IS RESIDE ON A FA	IRM?
aurs yd i'i bin	3.	NAME OF FIRST MICHELIA DATE MORE TO THE MICHELIA DATE	-7
24 h		DECEASED.	
ri de go	_	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 1	
C. I.		Male Jewish widowed Divorced 12-9-03 lost birthday) Months Days Hours	Min.
composite.	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CO	DUNTRY
and co	15	iry cleaning Bus Dry cleaning Europe-Russia americ	CA
d a gard) 13.	FATHER'S NAME 1 OMOTHER'S MAIDEN NAME 2 CM KOVIT-17	
fical fical ours	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
g ph rem 72 h	€Ye	1.40 [If you give wor or detect of services] 5-78-63-2527, vashington Sant Hosp Recor	2 5
andin hin		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). \\	EEN
oe de	П	PART I. DEATH WAS CAUSED BY: Coronary Thrombosis With Myerardial Infarction ONSET AND DE	
The The	П	DUE TO	
en die genannt de state de sta		Gonditions, if any, which are to immediate to the transive Cardiovascular disease ?	3,40
d in gar		couse (a), stoting the <u>under</u> DUE TO lying couse lost.	
iciar ansi	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	COPSY
phys cs by ial-tr	CATION	PERFORM	ED?
ling the hour rem	CERTIFI	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH	
frend fiftico fiftico n, ar	-	(IF ETHEK, NOTIFY MEDICAL EXAMINER)	
S S S S S S S S S S S S S S S S S S S	MEDICAL	Hour a. ft. While Not while toctory, street, office bidg., etc.]	(Stote)
intelligible of the crem	W	p. m. 19 at work at work	
Affer Fiel, rick,		21. I certify that I attended the deceased from	
tage the property of the prope		alive an 12 So, and that death occurred at 10.1 JEM, from the causes and on the date stated ADDRESS (Street, city or town, state) DATE	above
A Para		SIGNATURE TOUCH TELL COMP. 10727-16 TEST, 1.C.	SIGIAL
Sing Paris		PHYSICIAN'S + A I / F/I / F/I	
NTA RAL shots stro		NAME (Type) AULIFY	
moy be FUNE	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)	
5 5 8 E	22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
VS A15 (4) 15M 9/55		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2	
13M 7/33	4	July of Anie of A Monte Learn	

3 'A 17. . .

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	. MA	RYLAND	STATE DEPAR	TMENT OF	HEALTH	-BALT	IMORE, 1			
	4 3 0	66 3,	Fil CERTIF	ICATE OF	DEATH	1		Reg. Dist. N	3016	
1. PLACE OF DEAT	ntgomery		MARYLA	I o. STATE	hingto		lived. If instituted b. COUNTY	on: Residence b	fore admission)	
	VN (If outside corporative nearest town)	e limits, write	c. LENGTH OF STAY IN	1b c. CITY Of	R TOWN (If or	utside corpor	ote limits, write RI	URAL ond give	nearest town)	
Rural -			5 yrs. 5 m	o. W	ashing	ton,).	C.		. 1	
d. NAME OF HI OR INSTITUT			oddress) Hospital	d. STREET 5210	ADDRESS Nahant	Stre	t		e IS RES DENC ON A FARM YES NO	12
3. NAME OF DECEASED (Type or print)	Minnie	First	Middle Lawrence	Gardine	est Y	4. DATE OF DEATH	Mon	1h 30	Day Yeor 19 5	6
5. SEX	lé COLOR OR R		NEVER MARRIED				AGE (In years		AR IF UNDER 24 H	
Female	White	WIDOWE					lost birthdoy) 75 yrs	Months Day	s Hours Mis	n.
100. USUAL OCCU during most of Housey	working life, even if n	work done 10b. etired)	KIND OF BUSINESS OR	NDUSTRY 11. BIRTH			intry)		S.A.	4TR
13 FATHER'S NAM	DEVER IN U.S. ARMEL	Fichil Co FORCES? 16.	SOCIAL SECURITY NO.	14. MOTHER - Maz 17. INFORMANT D. LAWTE	GULLL GULLL Mee G	ta o	a. Fr.	reli-	't nv	
1 1	F DEATH [Enter only of DEATH WAS CAUSED	BV	ne for (o), (b), and (c).]	_				10	NTERVAL BETWEEN	
	IMMEDIATE CAU	J5E (0) Ca	rdiac coron	ary Ocolus	ion					
- SKIL	×	ue to Cac	hexia due to	o cerebral	arter	io-scl	erosis			
gove rise	und me hune.	(b) Wit	d psychosis				**			
CATIC	OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO DEAT	BUT NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART I(o	19 WAS AUTOP PERFORMED? YES NO	?
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)									
20c. TIME OF I		While	NJURY OCCURRED 20	le. PLACE OF INJURY factory, street, offi	(Hame, farm, ice bldg., etc.)	20f. (City (or lown)	(Count	(Ste	ote)

Kietler

y) (State) 21. I certify that I attended the deceased from Feb. 17 ..., 19.54, to March 30 ..., 1956 that I last saw the deceased olive on March 30 and that death accurred at 6:20P_M, from the causes and an the date stated above. ACTUAL

OF WHAT COUNTRY?

	NAME (Type)	· MEDOLE , M	18 D 9			
220	BURIAL, CREMATION, 225.	50 h 100/	22c NAME OF CEMETERY OR CREMATORY	h Cation	City, town, or county) (State)	4
22	ELINEBAR DIDECTOR'S SICKAT	TARE	ADDOCEC		D. J. DECKETO AND CARLESTON	

DATE

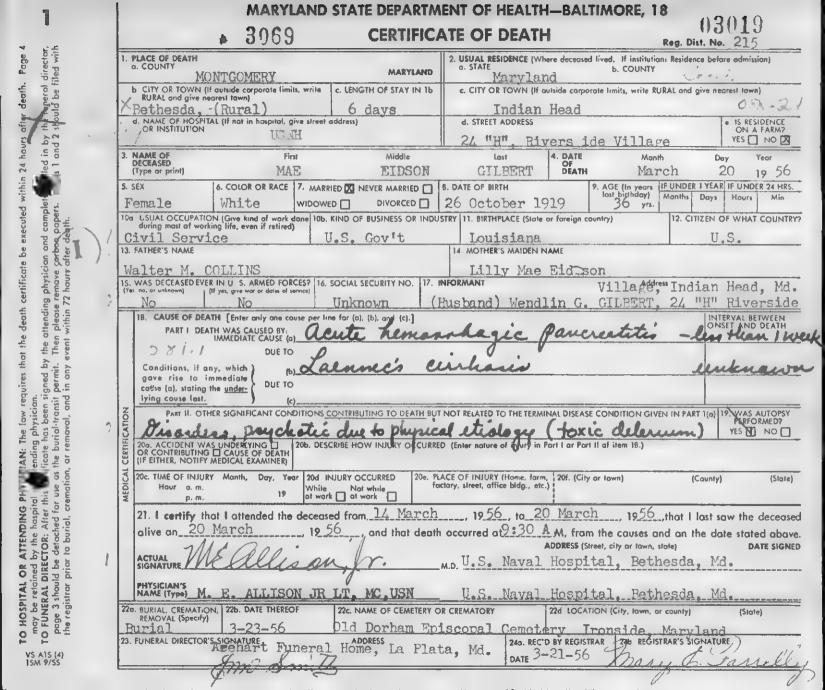
E5 A15 (4) 15M 9/55

4.1

		_		STATE DEPAR	STME	NT OF HEALT	H-BAL	TIMORE, 1	18		0.4.14
		30)67	CERTIF	ICA	TE OF DEAT	Ή		Reg. Dist.	No. 23	
1, 1	PLACE OF DEATH o. COUNTY	Montgomer	У	MARYLA		2 USUAL RESIDENCE (VO. STATE New You		d lived. If instituti b. COUNTY	on: Residence	before odmis	sion)
	b. CITY OR TOWN I	(If outside corporate limiteorest Jawn)	ts, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN (II		rote limits, write R	URAL ond give	e nearest low	n)
7	A NAME OF HOSE	Bethesda TAL (If not in hospitol, g		33 days		Roche	ster			1	
	OR INSTITUTION	The Clini		1		d. STREET ADDRESS 31 Par	ıl Road	1		ON	SIDENCE A FARM? NO [4]
	NAME OF DECEASED (Type or print)	Virgi	**	Middle Norine	(Gardner	4. DATE OF DEATH	March		Day	Yeor 19 56
5. 5	_	1		D NEVER MARRIED		DATE OF BIRTH		9 AGE (In years lost highday)	Months Do		
10-	Female	White	WIDOWED	_		April 14,		/ 101			
/ <u>L</u>	Housewil	ching life, even if retired	done 10b. K	IND OF BUSINESS OR	INDUST	NY 11 BIRTHPLACE (Stor	ing ton	ouniry)	12. CITIZE	S. A	COUNTRY:
13	FATHER'S NAME	Frank Bu	rgess			14 MOTHER'S MAIDEN		Mildred	Watt		
15. (Yes	WAS DECEASED EVI	ER IN U. S. ARMED FORI (If yes, give wor or dotes of se	ervice) .	9-18-2100	17, INF	ormant The Me The Clinica		Recordadder, Beth		Maryla	nd
	Conditions, if gove rise to i couse (o), stating lying couse lost.	the under-	Hai Hai	linenavy of	cat and	spine	met-no		failure	INTERVAL BE	DEATH
FICATION						OT RELATED TO THE TER/			'EN IN PART 1(PERFO	AUTOPSY PRMED?
L CERTIF	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	DON C	CURRED.	(Enter nature of injury in	Port I or Port	II of item 18.)			
MEBICAL	20c. TIME OF INJUI Hour a. jr. pf.m.	RY Month, Day, Yea	While	Not while of work	Oe. PLAC focto	E OF INJURY (Home, for ry, street, office bldg., e	m, 20f. (City	or lown)	(Cou	nty)	(State)
	21 Leartify #	nat I attended the				2, 19.56, to occurred at 6:20	Mar Pw. from	the causes of	"that I las	t saw the	deceased above
77.7% T. Z. L.	ACTUAL SIGNATURE	forbert.	1956 Freb	2		o.The Clinica	ADDRESS (St	rect, city or town,	slote)	D.	1 47/-1
- 1	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) HO	erbert Lubs	fub	2	м.	o.The Clinica	ADDRESS (St	rect, city or town,	Be the s	D.	
Bu	ACTUAL SIGNATURE PHYSICIAN'S HOME (Type)	erbert Lubs on, 25. DATE THEREO ansit 3-7-	fub).	м.	o.The Clinic	ADDRESS (St	er, NIH,	Bethes	sda, M (Siot	d.3/7/3

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VS A15 (4) 15M 9/55

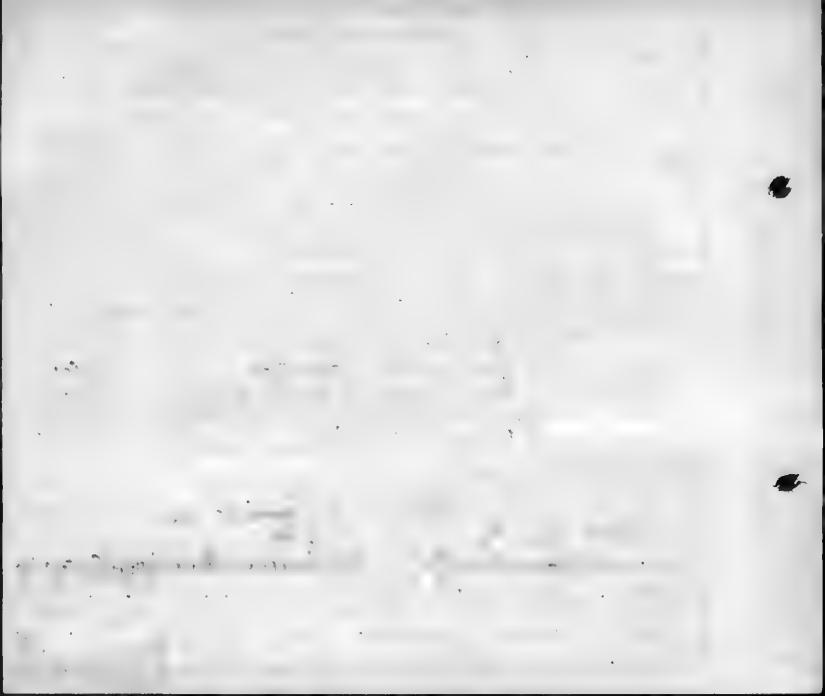
ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	1 8

3070 CERTIFICATE OF DEATH

M

03021)
eg. Dist. No. 276

/	996	0				•		Reg. Dist.	No.OC	4
1 PLACE OF DEATH	ontgomery		MARYLAND		Mary]		b. COUNTY			
b. CITY OR TOWN (If a RURAL and give near	rest town) Beth		STAY IN 16		theso		te limits, write R	URAL and give	nearest low	n)
A NAME OF HOSPITAL	L (If not in hospital, give			d. STREET A		ıa				
OR INSTITUTION		rgetown R	oad	81	7 0	eorget	own Ro	ad	ON	SIDENCE A FARM? NO [X]
3. NAME OF DECEASED (Type or print)	fiet JES		iddle ANGLER	. GIL		4. DATE OF DEATH	Marc		Doy 20	Year 1956
Female	White w	3737	ARRIED B.	10-5-1		9	AGE (in years lost birthdoy)	Months Do		-
100. USUAL OCCUPATION during most of workin HOUSEW	g_life, even if retired]	tob, kind of Busine Home	SS OR INDUST			vania	ntry)		USA	T COUNTRY
13. FATHER'S NAME				14. MOTHER'S						
	Joseph Sp	_					Elizabe	eth Re	buck	
no	yes, give wor or dates of service	" 577-01-6	946-A,	Gill B	lrs.Ru erge	uth r-Dau	ghter	Bethe	sda,i	Id.
	T (Enter only one couse T WAS CAUSED BY: MMEDIATE CAUSE (o)	per line for (a), (b), and	(e) fo	ilure				C	NTERVAL B	ETWEEN DEATH
420,0 Conditions, if any		Myocam	dial	in to	ret	01			446	215
gove rise to fine couse (a), stating the lying couse lost.		Arterio	sclen	otie h	E21-	t di	seas-e		4.4	2215
PAIR II. OTHE	R SIGNIFICANT CONDIT	DS THUE	O DEATH BUT N	IOT RELATED TO		NAL DISEASE	CONDITION GIV	EN IN PART 1(c) 19 WAS PERFO YES	AUTOPSY DRMED?
	UNDERLYING [] 20% CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJU	RY OCCURRED.	(Enter noture of	finjury in Po	ort I or Port I	of item 18)			
20c. TIME OF INJURY Hour o. jr. p. m.		20d. INJURY OCCURRED While Not while of work .	facto	E OF INJURY () ory, street, office	tome, form, bldg., etc.)	20f. (City o	r lown)	(Cour	ty)	(Stote)
21. I certify that	t I attended the de	regred from	NUG+ V/	1052	10/1/2	rch 2	0 1056	that I lost	name than	
alive on M21		and the same	that death o	occurred at		M, from	the causes a	nd on the	date stat	ed above
ACTUAL	Tros	starts	M	0.3761	лие	etem	Ace.11	Hash-	D 3	20-5
PHYSICIAN'S Dr	. Roger K	urtz O		3701	Conn	. Ave.	N.W.	<i>l</i> ash.D	.C.3-	-20-50
220. BURIAL CREMATION, REMOVAL (Specify) BUTIAL	3-24-195	22c. NAME OF Glenw	CEMETERY OR				nington		(Sto	re)
23. FUNERAL DIRECTOR'S		ADDRESS			24a. REC'D	BY REGISTRA		TRAR'S SIGNA		
Robert A.	Pumphrey	Bethes	da, Md		DATE3 -	21-56	Berg	ie M. H	Com	TAON

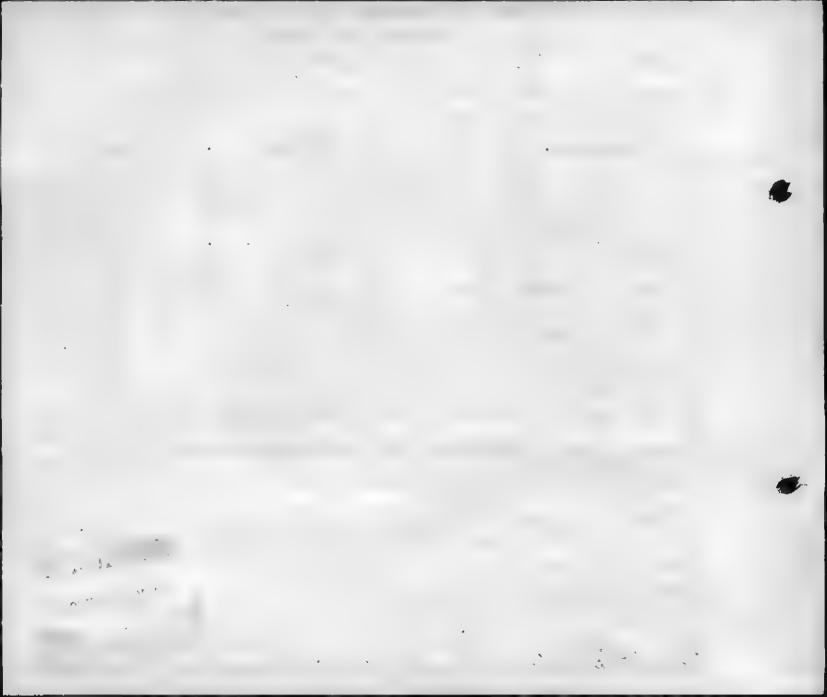


VS A15 (4) 15M 9/SS

ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18
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03021

			30	77	CER	HIFICA	AIE OF DEATI	П.		Reg. Di	st. No.	del	6
1	٥		Contgomer		M	ARYLAND	2. USUAL RESIDENCE (W. o STATE Mar	here decessed yland	b. COUNTY		taro	re admissi	on)
J	ŧ	CITY OR TOWN (IF	autside gorporate lije	fs, write	c. LENGTH OF ST	AY IN 1b	c, CITY OR TOWN (IF	`	rate limits, write R	URAL and	give neo	rest town	<i>f</i>
	,54	pernesa	a.				Bethe	ada			7		
	٩	OR INSTITUTION	L (If not in haspital, ;	pive street	address)		d. STREET ADDRESS				/	e. IS RESI ON A	DENCE FARM?
-		7807 Exe	ter Rd.				7807 Ex	eter	Rd.			YES 🗌	ио 🗌
-		NAME OF DECEASED Type or print)	E			ugh n	Glascock	4. DATE OF DEATH	Mar		3,	1956	Year Po
	5. 9	EX	6. COLOR OR RACE	7. MARE	HED NEVER MA	RRIED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthday) 92 yrs.	Months			
	m	ale	white	WIDOWI	ED 🔼 DIVO	RCED 🔲	3/16/63		92 yrs.	Months	Days	Hours	Min,
X	100	USUAL OCCUPATION	N (Give kind of work ng life, even if retired patent	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11 BIRTHPLACE (State			12. CIT	IZEN O	F WHAT	COUNTRY?
	12	FATHER'S NAME	pacent	aujuo	rney		Glouces		va.				
		illiam L	uther Gl	asco	αk		Henrie		aria				
		WAS DECEASEDEVER				NO TIZ I	NFORMANT		Add				
^	(Yas		yes, give war or dates of		SOCIAL SECURITY		izabeth G.	Tayl		ught	er		
		18. CAUSE OF DEAT	-	ouse per li	ne far (a), (b), and	(c) }	1 (+	1				RVAL BE	
			H WAS CAUSED BY, IMMEDIATE CAUSE (temio/	e9/a	let La	CU/E			-	261	irs.
		3311X	DUE TO	, ,	1	1,		1.	1				,
		Canditions, if an		_A	rlerios	CIPV	05/5, 9ent	vall	sed			SVY	57
		coese (a), stating th)			/ /					/	
	7	lying cause last.) (.)									
7	CERTIFICATION			IDITIONS E	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASI	E CONDITION GIV	EN IN PAR	T 1(o) I'	PERFO	RMED?
		200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING II II CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJUR	Y OCCURRE	D (Enter nature of injury in	Part I or Part	t II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Ye	ar 20d (! While	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, forn clary, street, office bldg., etc.	n. 20f. (City	or lown]	(0	County)		(State)
	ME	p. m.	19		k of work								
		21. I certify the	at I attended the	deceas	and of	49	, 19 <u>5 4</u> , to		4 13, 1956				
		alive on	arch 12	, 125	La, and the	hat death	occurred at 415	2.M, fron	n the causes a	ind on t	he dat	le state	d abave.
ı		A. (1911A.)	10-1	Do	10		2011	ADDRESS (SI	reet, city or town,	stote)		DA	TE SIGNED
		ACTUAL	Huray	alu	ACO		M.D. 3421 Vng.	mas =	J. 400	104/11	1C.	3.	1356
		PHYSICIAN'S NAME (Type)	tewari	t d	Tapp	M.D	V						
	٦.	BURIAL, CREMATION REMOVAL (Specify)	3/15/5		St. Mai				non (City, town, of Annapol		Md.	(Stote)
	-	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGIST	RAR 24b. REGIS	TRAR'S SIG	SNATUR	E	
	0	her S. W.	Dines Co	-	2901 14	4th S	t. N.W DATE 8	-14-5	-6 Beach	i h	. 4.	-	6000



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PRISTAN K. Z.

3261 03 AAM



I in by the funeral director, and 2 should be filed with

rages 1

■ TTELLINE ■ HYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE	OF DEAT
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03023

	3073	CERTIFICA	ATE OF DEATH		Reg.	Dist. No.	16
1. PLACE OF DEATH	Montgomery	MARYLAND	O STATE LOUISIE	re deceased lived	. If institution Resi b. COUNTY	idence before oc	imission)
X Bethes		50 days	e. CITY OR TOWN (IF or Baton F		mits, write RURAL o	nd give nearest	lawn)
d. NAME OF HO OR INSTITUTION The Clin	SPITAL (If not in hospital, give spital) of the spital conter, B	reet oddress) lethesda, Md.	d. STREET ADDRESS	miel Web	ester	0	RESIDENCE IN A FARMA S NO
3. NAME OF DECEASED (Type or print)	Warren First	James	Green, Jr.	4. DATE OF DEATH	March	8 Boy	Year 19 56
Male Male	Negro	MARRIED NEVER MARRIED 29	B. DATE OF BIRTH September 15	1953 9. AG	E (in years IF UN birthday) Manti	DER I YEAR IF U	INDER 24 HRS
during roost of Chill	ATION (Give kind of work dane yorking life, even if retired)	10b. KIND OF BUSINESS OR INDU	Louisian		12.	U.S.A	
13. FATHER'S NAME Warte	en Green		14. MOTHER'S MAIDEN N				
15 WAS DECEASED (Yes, no. or unknown) IV O	EVER IN U. S. ARMED FORCES? [17] yes, give wor or dates of service)		nformant The Medi he Clinical Co			Md.	
Š	or immediate on the state of th	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN IN	PE	AS AUTOPSY REORMED?
	WAS UNDERLYING THE 206. NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of	item IB.)		
20c. TIME OF IN Hour e, p.	n. y	Od. INJURY OCCURRED 20e. PL While Not while for twork 01 work 1	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or to	wn)	(County)	(State)
alive on Mi	Paule G. For	1 1	occurred at 5:05	AM, from the DORESS (Street, c	causes and or lity or town, state)	n the date s	tated abov
220 BURIAL, CREMA REMOVAL (Spec	7 1 7 70 67	22c NAME OF CEMETERY O	R CREMATORY		City, town, or count		Stole)
23. FUNERAL DIRECT		ADDRESS 3 29 R. J. HVE N		BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE _	

may be retained by the haspital of tending physician.

TO FUNERAL DIRECTOR: After this Artificote has been signed by the attending physician and camples page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. The registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. TO MOSPITM OF VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, CERTIFICATE OF Reg. Dist. No. I PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED legibly COUNTY MONTADMET 4 COUNTY MONTAD MET CITY (If outside con crute limits, write RURAL) CITY: If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) and give nearcal town) pull OR OR information X TOWN TOWN HOSPITAL OR STREET INSTITUTION OR SHA ear ADDRESS STREET ADDRESS C 3. NAME OF (Middle) (Last) 4. DATE (Day) (Year) DECEASED of OF (Type or Print) DEATH: ///2 item 6. COLOR OR 17. SINGLE, MARRIED 8. DATE 9, AGE last birthday ir under WIDOWED, DIVORCED RACE: O. (Specify); KIND OF BUSINESS evilry ■uses TOA USUAL OCCUPATION (Give kind of 10s State or foreign country); 12. CITIZEN OF WHAT work done during most of working life. even if retired) : House wife FOR BINDING Supply 13. FATHER'S NAME: (Yes, no, or unk.) (If Yes, give war or dates of servicer 9 18. MEDICAL CERTIFICATION Ü MARGIN RESERVED ADIN(I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ā Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) 10 DISEASES OR CONDITIONS, IF ANY, (日) ITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST 20 ₹ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: I 20. AUTOPSY7 YES T NO. 21A ACCIDENT WAS UNDERLYING 1 218 PLACE (Home, farm, factory) 21c, WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH, OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED | 210 TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR! While Not while OF INJURY at work ! , 1954, to 3 - /3, 1956 that I last saw the deceased 22. I hereby certify that I attended the deceased from /2 1 alive on 10 Heart , and that death occurred at 75 PM, from the causes and on the date stated above. orrect SIGNATURE 回 CREMATION CREMATORY DCATION (City, town, or county) **S**2 BURIAL, REMOVAL SPECIFY) DATE REC'D LOCAL FUNERAL DIRECTOR REGISTRAR



Reg. Dist.

No£

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: STATE MARYLAND MONTGOMERY MONTGOMERY COUNTY COUNTY MARYLAND carefully. LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL Since 1947 OR and give nearest town PRING TOWN SILVER SPRING DRAPER LANE HOSPITAL OR ADDRESS 8317 INSTITUTION OR 8317 DRAPER LANE information death clearly STREET ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Day) (Month) (Year) DECEASED: 77ar (Type or Print) DEATH 19 56 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: WIDOWED, DIVORCED, Months MALE (Specify): of 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT INDUSTRY: work done during most of work life, even if retired): Clerical UCQUNTRYT Wash. Gas Light Co. Washington, D. C. 13. FATHER'S NAME: Staff Ass t. 14. MOTHER'S MAIDEN NAME: HELEN A. STEPHENS WILLIAM F. HART 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No .: 17. INFORMANT & ADDRESS: Supply e (Yes, no, or unk.) (If Yes, give war or dates of NO Mrs. Leonard J. Leland, 3101 18th St., N.W. 577-07-7548 service) Washington D.C. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH rongry becker INI Immediate cause Antecedent cause(s) UNFADIN Physicians: (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | Nox 21b. PLACE (Home, farm, factory, (State) 21a. EXTERNAL CAUSE WAS 21c. (City or town) (County)

PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. street, office bldg., etc.,

21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at Not while INJURY work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [2], Inquiry [3], and

find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [],

23. BURIAL, CREMATION DATE

NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. LOCATION (City, town, or county)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

24, FUNERAL DIRECTOR

21f. HOW DID INJURY OCCUR?

Washington, D. C. Silver Spring, Mil.

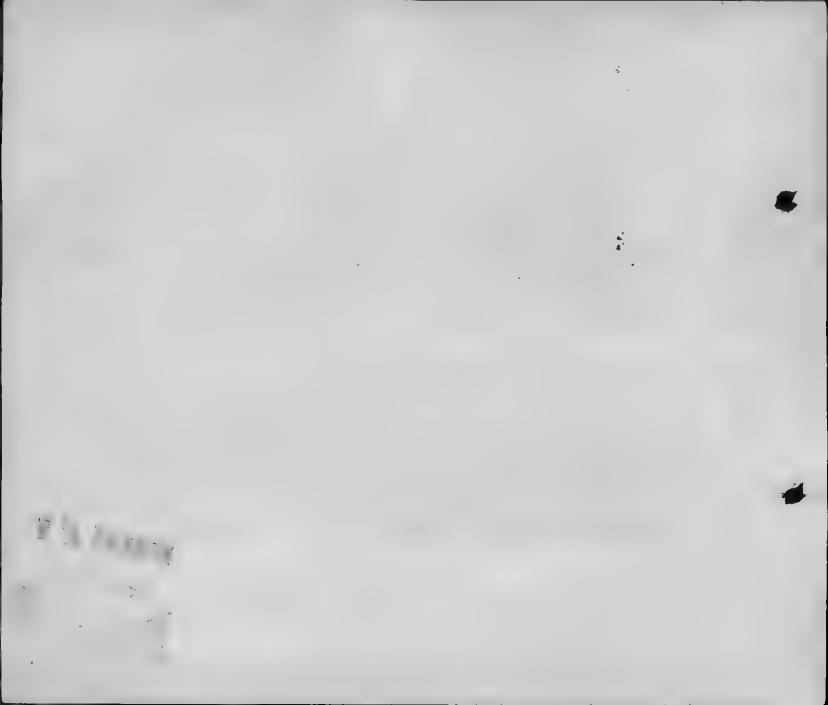
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within T. Mours after death. After this merrificate has been executed by the attending physicial and ampletely filled in by the funeral director, the third carry of this death cartificate assembly manual be detained for use as a besit francis permit.

VS A15C 1-55 10M --

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03027

, 3976 CERTIFICATE OF DEATH

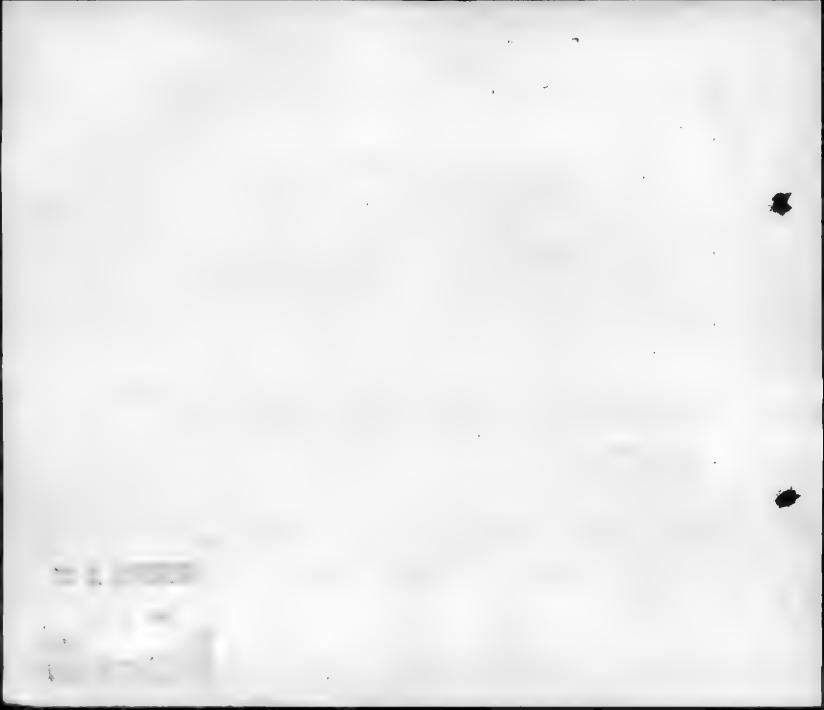
Reg. Dist. No. 24

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECKASED
COUNTY MONTGOMERY MARYLAND CITY (If outside corpore's limits, write RURAL OR and give neerest town) TOWN Silver Spring LENGTH OF STAY (in this place)	STATE Maryland county Montgomery CITY (Il oulside corporete limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR 1608 Moffet Road	STREET ADDRESS 1608 Moffet Road
(Type or Print) MARY FRANCES	4. DATE (Month) (Day) (Yest) PARTUNA DEATH 3 - 17 - 1956
female white married Jul	TE OF BIRTH 9. AGE lest birthday 1 F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working file, even if refired) 10e. USUAL OCCUPATION (Give kind of work done during most of working file, even if refired) 10e. USUAL OCCUPATION (Give kind of work done done done done done done done done	11. BIRTHPLACE (State or loreign country) Washington, D. C. 14. MOTHER'S MADEN NAME
David Coberth	Unobtainable
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] [If Yes, givs wer or deles of service]	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, [C] 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ESTIVE CARDIAC FAILURE 24 HRS LEROTIC ARDIOVASCULAR DISEASE?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	\$ 6 V
none	YES NO Y
216. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, Jerm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or sown) (County) (Slete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white el work et work	211. HOW DID INJURY OCCUR?
alive on 19.5 and that death occurre signature 7 cic + Occultural M.D. 23. BURNAL REMARTION, DATE THEREOF NAME OF CEMETERY	d at 5 25 to 3 - 17 - 1956, that I last saw the deceased d at 5 25 MM, from the causes and on the date stated above. ADDRESS (Street, city, squar, state) DATE SIGNED OR CREMATORY 1 LOCATION (City, town, or pounty) (Shife)
Burial 3/20/1956 Cedal II	ill Cemetery Prince Georges Co., Md.
DATE 3-19-56 Frances Letter	The J. H. Hules Company

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MARGIN RESERVED FOR-BINDING

	OF CERTIFICATI	E OF DEATH Reg. Dist.	. No 7	
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:	
correct age is especially important. Physicians: please write the causes of death clearly and legibly	COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place) TOWN SILVER SPRING Feb.1,1952 HOSPITAL OR Maple Lane Nursing Home STREET ADDRESS	STATE Maryland COUNTY Mont & CITYIH outside corporate limits, write RURAL a OR TOWN Silver Spring STREET (If rural give location) ADDRESS 9810 Georgia Avenue	gomery nd give nearest town	
	5. SEX 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED. DIVORCED. (Specify): widowed March 100 USUAL OCCUPATION (Give kind of 100 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): Housewife — Own home 13. FATHER'S NAME: Robert Montgomery 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	OF DEATH: MARCH OF BIRTH: 9. AGE last birthday; P. LNDER! Y 11. 1879 76 Washington, D. C. 14. MOTHER'S MAIDEN NAME. Anna Mac Laney 17. INFORMANT & ADDRESS:	Hours Min. CITIZEN OF WHAT	
	(Yes, no, or unk.) (If Yes, kive war or dates of service) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HARDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	NSIVE HEART DISEASE		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	17		
	19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSYT	
	218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER. NOTIFY MEDICAL EXAMINER) 210. Time (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED While at work at work at work 221. I hereby certify that I attended the deceased from 3 - 195 to 3 - 4, 195 that I last saw the deceased alive on 3 and that death occurred at 9 M, from the causes and on the date stated above. SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count) (State Burial 3/7/56 Arlington Nat'l, Cemetery Arlington, Virginia DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR SIGNATURE REGISTRAR SIGNATURE REGISTRAR SIGNATURE 21c. WHERE DID (City or town) (County) (State Not while at work a			



3078

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1 PLACE OF DEATH g. COUNTY		2 USUAL RESIDENCE (Where deceased lived If institution; Residence before or	fmission)				
Montgomery	MARYLAND	District of Columbia					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Bethesda	94 days	Washington	v'				
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION The Clinical Ce		1	RESIDENCE ON A FARM?				
National Institutes of Head	lth	3543 Hertford Place, N. W.	s 🔲 NO 🔣				
3. NAME OF First DECEASED	Middle	Lost 4. DATE Month Day	Year				
(Type or print) Myer	(None)	Herman DEATH March 10,					
S. SEX 6. COLOR OR RACE 7. MARRI		8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF to lost birthday)					
Male White WIDOWED DIVORCED March 17, 1885 TO yes Months Days Hours							
10a. USUAL OCCUPATION (Give kind of work done 10b I during most of working life, even if retired)	KIND OF BUSINESS OR INDU						
Tailor	•	Russia U.S.A					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Myer Herman		Miriam Slotnikov					
	SOCIAL SECURITY NO. 17	NFORMANT Address					
	nknown Th	me medical record. The Clinical Center					
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	INTERVA	L BETWEEN				
PART I. DEATH WAS CAUSED BY:							
DUE TO		11 0					
Conditions, if any, which)							
gove rise to immediate							
lying cause lost.	case (a), stating the under-						
(*)							
D. O. O.	DE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
- acuar	Pulminay tuberculosis YES NO						
(IF EITHER, NOTIFY MEDICAL EXAMINER)	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part II of item 18.] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
\$ 20c. TIME OF INJURY Month, Day, Year 20d IN		ACE OF INJURY (Home, furm, 20f. (City or town) (County)	(State)				
20c. TIME OF INJURY Month, Day, Year 20d IN White p. m. 19 of work	Not while for	tory, street, affice bldg., etc.]					
21. I certify that I attended the deceased from December 7, 1955, to March 10, 1956, that I last saw the deceased							
	occurred at 1:20 AM, from the causes and on the date s						
actual Inter VII CV	SIGNATURE Lester M. Cramer, MD. M.D. The Clinical Center 3/10/5						
SIGNATURE							
PHYSICIAN'S Lester M. Cramer, M.D. National Institutes of Health Rethesda, Maryland							
220 BURIAL, CREMATION, 2200 DATE THEREOF/	The part of the part where the part						
REMOVAL Specify Man 1/36	ant dela	R CREMATORY 22d LOCATION (City, Jown, pr county)	(State)				
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
13 Dangang Ing 4/20 3501- 1400 19 DATE 3-21-56 Busin M. Chombian							

Hed in by the funeral director, as I and 2 shauld be filed with TO EVENTAL OF EXTENDED FIVY SCENEY: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the based of transfer about the page 10 may be retained by the based of transfer about 10 may be retained by the based of transfer about 10 may be retained by the based of transfer about 10 may be retained by the based of transfer about 10 may be retained by the based of transfer about 10 may be retained by the based of transfer about 10 may be retained by the based of transfer about 10 may be retained by the based of transfer about 10 may be required to the based of the based of transfer about 10 may be required to the based of may be retained by the haspital tending physician.

O FUNERAL DIRECTOR: After the liftcate has been signed by the attending physician and campled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. may be retained by the haspital TO FUNERAL DIRECTOR: After th

VS A15 (4) 15M 9/SS

 MARGIN RESERVED FOR BINDING

MARYLAND

3079

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Mantaemery MARYLAND	STATE District of Columbia		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and glv	e nearest town)	
TOWN (in this place)	OR	17x .5 1	
	STREET (If rural, give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS 1344 Od A St m. CO		
	(Last) 6. DATE (Month)	(Day) (Year)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) E/12aDCh	OF DEATH 3	17 1956	
5. SEX) 6. COLOR OR RACE 7. SINGLE, MARRIED,	1 8. DATE OF BIRTH 9. AGE last birthday If under-	1 year If under 24 hrs.	
female white (Specify) DIVORCED,	3/24/18/3 /2 yrs.	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4	
Cyrus Keiser	Elizabeth H. Su	reeten	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT/ AND ADDRESS	and of all	
(Yes, no, or unknown) (If year, give war or dates of 578-44-5106	Thomas Hollidge - 1341 (Idamost.	116. Nash 18	
	TOTAL STATE OF THE	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A	ONSET AND DEATH	
Immediate cause (a) Generalized	Carcinomatoris	unorth	
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause	- of colon	4 years .	
stating the underlying cause last (c)			
related to the disease or condition causing death.	tition		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		Yes No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?		
INJURY m. Work At work		and the management of the second	
22. I hereby certify that I attended the deceased from Nov. 22, 1956, to hunch /7, 19,76, that I last saw the deceased			
alive on March 6, 19.76, and that death occurred at 10 45 ft. m., from the causes and on the date stated above. SIGNATURE ADDRESS ADDRESS			
SIGNATURE & Comment to the Signature of the Signature of the 3/17/54			
23 BURIAL CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (V)ry, town, V county) (State)			
11 3-18-56	Nashington	1,000	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	EA PONEHAL DIRECTOR	LODRESS)	
3-19.50 Stances toller	My Mysex Low 9100	11,000	

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BUREAU V. B.

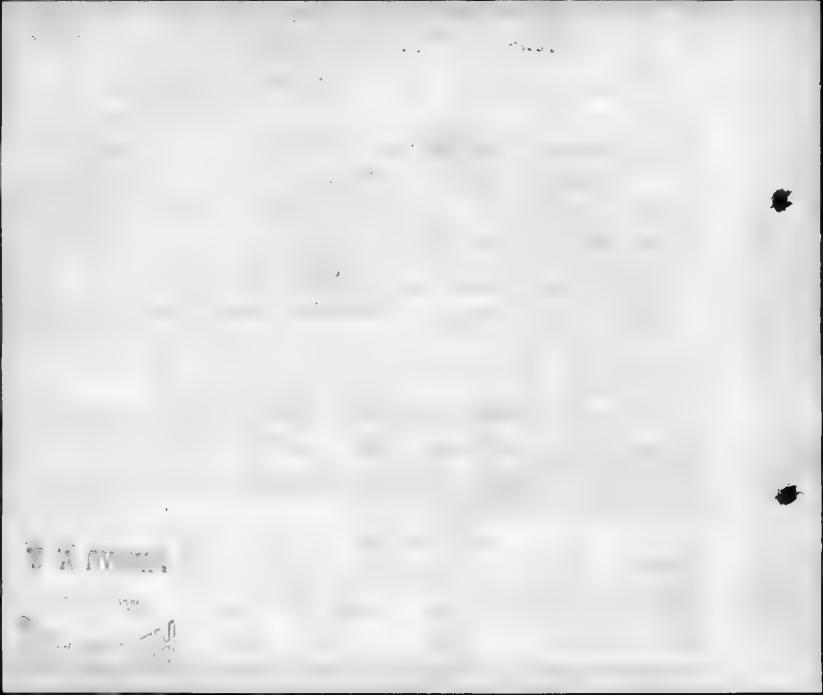
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

popers. compl deoth. ofter Hit. SILV Per l and burial-transit as the use O FUNERAL DIRECTOR: A page 3 should be detach should be detach prior O HOSPITAL 0

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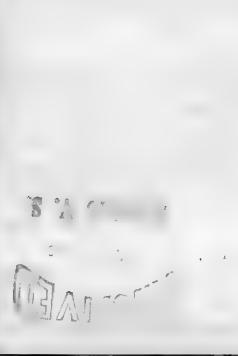
BULEAU V. I



VS A15 (4) 15M 9/55

			3781	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. 266
	1.	PLACE OF DEATH a. COUNTY	NTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who STATE	ere deceased lived If institution b. COUNTY	MONTOMERY
		b. CITY OR TOWN (IF RURAL and give nea	outside corporate limits, wr rest town) CHASE	ile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF O	utside corporate limits, write RU	RAL and give nearest town)
		OR INSTITUTION_	ate residence		d. STREET ADDRESS 7	A VELLE	e. IS RESIDENCE ON A FARM? YES NO D
, J		NAME OF DECEASED (Type or print)	NELL LE	Middle O/2 R	HUNTINGTON	4. DATE Month OF DEATH 3	Day Year 27 1956
		F	W WID	MARRIED NEVER MARRIED DIVORCED DIVORCED	8-23-84	lost birthday) /7 / yrs.	Months Days Hours Min
7	L	HOUSEN	ng life, even if refired)	10b. KIND OF BUSINESS OR INDU None	SACEM	0410	12 CITIZEN OF WHAT COUNTRY
9		CHARLO	es orr		MARGRA	RET SNYD	ER
	15. (Yo	n, no or unknown) (If	IN U. S. ARMED FORCES? yes, give wor or dates of service)	Dr	NFORMANT MARCANET	H SCOMM	25 LAVILLE OF
		PART I. DEATE	H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO 7, which)	ref line for (a), (b), and (c).] $13RGAST$	CA META BONE	STATIC TO L	UNG INTERVAL BETWEEN ONSET AND DEATH
	z	cause (o), stoting the lying couse last.	e under- DUE TO		mpHATIC C		
er d	CERTIFICATION		2-	DESCRIBE HOW INJURY OCCURRE			PERFORMED?
		200 ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M 20c. TIME OF INJURY					-
	MEDICAL	Hour (a. p. m.		hile Nat while to work at work	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)) (City or town)	(County) (Stote)
1		21. I certify that alive an 3	t I attended the dec	. 1			that I last saw the deceased of an the date stated above. DATE SIGNED 3/27/1956
		PHYSICIAN'S B	ERNARD	1+ OSTROL	Silver	Spring, Md.	
		P. BURIAL, CREMATION PENDOVALLISOCITY PENDOVALLISOCITY	3/27/1956	20c. NAME OF CEMETERY OF CEDET Hill (22d. LOCATION (City, town, or Prince George	
		FUNERAL DIRECTOR'S obert A. F		ADDRESS Bethesda, Mary		BY REGISTRAR 246. REGIST -28-56 Bessie	RAR'S SIGNATURE M. Hompson

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLA	ND STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	03034
308	2 CERTIFICA	ATE OF DEATH		Reg. Dist. No. 2/6
1. PLACE OF DEATH O. COUNTY MONEQUE	MAHANE	o. STATE Mark	land b. COUNTY	n Residence before admission)
b. CITY OR TOWN (If outside corporate limit), v RURAL and give rearest town	Redays 17 lys		ets de corporate limits, write Ri	JRAL and give nealest town)
d. NAME OF HOSPITAL (If not in hospitat, give OR INSTITUTION).	Hospital	d. STREET ADDRESS	3	/ e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SAME	Viela -	Imes .	4. DATE Mont OF DEATH	- 11 1956
temale Colored w	DOWED DIVORCED	8. DATE OF BIRTH 2-99	lost birthday) 560 yrs	Months Days Hours Min,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	105, KIND OF BUSINESS OR INDU!	11. BIRTHPLACE (SIGNE OF	lead	12 CITIZEN OF WHAT COUNTRY?
JERRY DIAG	16. SOCIAL SECURITY NO. 17. II	NFORMANT .		
(If yes, give war or dates of vervice	1	atticione De	ISER Dan	water Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line for (o), (b), and (c).]	id Cours	tive heart	ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stoling the under-lying couse last.	promor not	mitial the	e rudotsny	Mines Mulasin
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT			IN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
Hour a. j.	20d. INJURY OCCURRED 20e. PL/ While Not while for all work at work	ACE OF INJURY (Home, form, form, story, street, affice bldg , etc.)	zur. (City or town)	(County) (Stole)
21. I certify that lattended the de alive on 3	ceased from 2 - 13	occurred of 5 7	M, from the causes of	that I lost saw the deceased on the date stated above.
SIGNATURE OF COME !	Juan 1/6-	modulus	HOSPITED BY	DATE SIGNED
PHYSICIAN'S NAME (Type) C C C TYPE (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF	A CHRAV	JR.M.D.		1 '
REMOVALISTACION 3/14/56	Poplar Grov	re,	Poplar Grove	, Md.
22-TUNERAL DIRECTORY SIGNATURE	Regrille Red	24g. REC'D	94 5/ 5	TRAN'S SIGNATURE

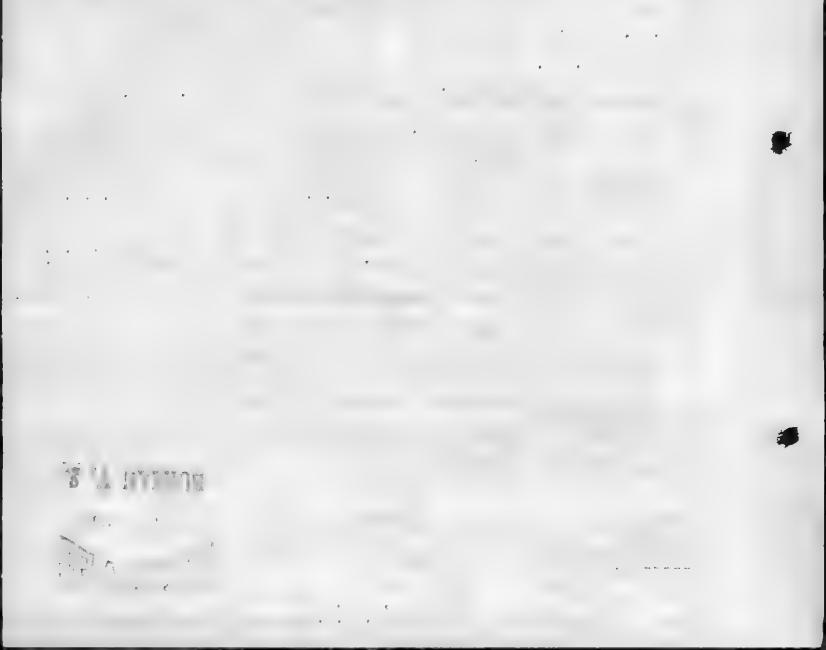
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	MARYLAND	STATE DEPARTM	ENT OF HEALTH	I—BALTIMORE,	18 ().3	3035
	3083	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	2 17
PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary 1	era deceased lived. If insti- and b. COUN		e admission)
b. CITY OR TOWN (RURAL ond give n	(If outside corporate limits, write recorest town) Olney	c. LENGTH OF STAY IN 15		utside corporate limits, writ	e RURAL ond give near	rest town)
d NAME OF HOSPI	TAL (If not in hospital, give street	36 minutes	RURAL,	Laurel		. IS RES DENCE
on tgomer		eral Hospita	Rt. #2, E	ox 84		ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Effie Effie	Melinda	Jackson	I OF	arch 7	Year 19 56
sex Temale	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH 7/8/92	9. AGE (In yet lost birthda	Manths Days	Haurs Min.
a. USUAL OCCUPATIO	ON (Give kind of work done 10b.		STRY 11. BIRTHPLACE (State			F WHAT COUNTRY
Housewi	(king life, even if retired)			LAND	USA	
FATHER'S NAME			14. MOTHER'S MAIDEN N		0011	
UNKN	OWN		Caroli	ne Lee		
. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		ddress	
n, no, or unknownj	(If yes, give war or dates of service)		Hospita	1 Record		
Conditions, if of gave rise to it case (a), stating lying cause last.	the under-	Anteriosclar	Hyportens			· ·
PART IT. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19	WAS AUTOPSY PERFORMED? YES NO P
20a. ACCIDENT WAR	AS UNDERLYING (1) G (1) CAUSE OF DEATH (MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	ort I ar Part II af ilem 18.)		
20c. TIME OF INJUS Hour a. m. p. m.	RY Manth, Day, Year 20d. 1 19 White at war	Not while for	ACE OF INJURY (Hame, form tory, street, office bldg., etc.	20f. (City or tawn)	(County)	(State)
21. I certify the alive an	that I last sa s and an the dat vn, state)					
O. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, taw	n, or county)	(State)
BUTIAT		Round Oak		Spencervill	**	(source)
EUNERAL DIRECTOR		ADDRESS Kitkeill	240. REC" DATE 3		GISTRAR'S SIGNATURE	awly

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/SS

	MARYLAND	STATE DEPARTM	ENT OF HEALTI	H-BALTIMORE, 1	8 0	3036	
	3 084	CERTIFICA	TE OF DEAT	Н	Reg. Dist. No.	210	
	1. PLACE OF DEATH Kensington Gar COUNTY Nursing Home	dens MARYLAND	2 USUAL RESIDENCE (W	here deceased fived. If institution b COUNTY	n Residence before	admission)	
	b. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town) Kensington. Md.	c. LENGTH OF STAY IN 16 3 Weeks		outside carporote limits, write RU Ashington	JRAL and give near	est lawn)	
-	d. NAME OF HOSPITAL IIf act in hospital, give street or or institution 3000 McComas Kensington Gardens Num	ddress) Ave	d. STREET ADDRESS 5424 MacA	rthur Blvd.,	N.W.	IS RESIDENCE ON A FARM? YES NO	
	3 NAME OF First DECEASED (Type or print) Fannie	Middle L	Jackson	4. DATE Mont		11	
	female s. COLOR OR RACE 7. MARRIT		8. DATE OF BIRTH 3/5/1876	9. AGE (in years lost birthday) 801 yrs	Manths Doys	Hours Min	
1	10a. USUAL OCCUPATION (Give kind of work done) 10b. Noting most of working life, even if retired) housewife	IND OF BUSINESS OR INDU	D.C.		12. CITIZEN OF	•A •	
ţ	unobtainable			name ainable			
1	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, gave wor or dates of service) **ROOTO (If yes, gave wor or dates of service) (If yes, gave wor or dates or dates of service) (If yes, gave wor or dates or dates or dates		Niormant s.Maude Bai	rtoo 5424 Mac	Wash.	D.C. Blvd.	
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 331 X DUE TO Canditions, if any, which gove rise to immediate cotte (a), stating the under- lying couse last.	rebul a	hemor Teriosc	rhoge lassois	INTER	o day	
1	PART II. OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART I(a) 19	WAS AUTOPSY PERFORMED? YES NO NO	
	Haur a.m. 19 While of wark	Nat while fac	ACE OF INJURY (Home, form trazy, street, affice bldg., etc		(County)	(State)	
	21. I certify that I attended the deceased fram. Town 9, 1951, to MAK, 1956, that I last saw the deceased alive an MAR, 1956, and that death occurred at MAR, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED						
	PHYSICIAN'S CLARIES L	N. THAN	450N A	1.D.	M. MA	Shirt	
	20-EURMINGREMATION 226. DATE THEREOF REMOVAL (Specify) 3/2/56	22c. NAME OF CEMETERY OF	R CREMATORY etery	22d. LOCATION (City, town, or Hillsboro		(State)	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wash,	D.C. 24a. REC		TRAR'S SIGNATURE	itia	



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certificate death MOI

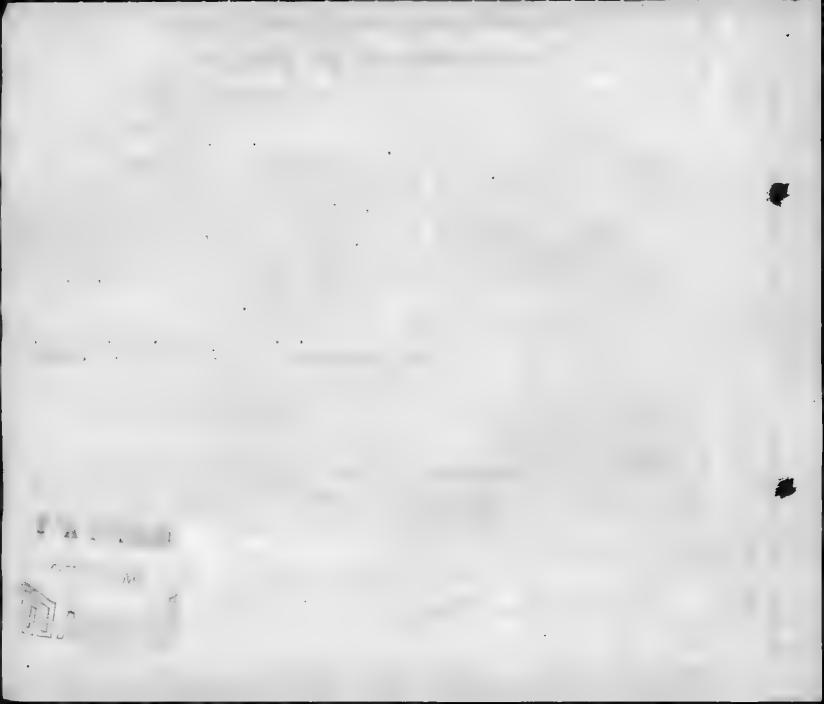
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3085 CERTIFICATE OF DEATH

SILVER SPRING, MD.

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED MONTGOMERY COUNTY MONTGOMERY STATE MARYLAND MARYLAND COUNTY (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) end give nearest town) (in this place) OR TOWN TOWN SILVER SPRING STIVER SPRING 14 yrs. HOSPITAL OR STREET (If rural oiva location) INSTITUTION OR 734 EASLEY 734 EASLEY ST. STREET STREET ADDRESS (Middle) 3. NAME OF (First) (Lost) DATE (Month) (Day) (Yaar) DECEASED OF **JACOBS** 1956 MARY MCENEANEY MARCH (Typa or Print) DEATH COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE lest birthdev IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED MAY 1, 1868 Days Months Hours Min. 104 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT dona during most of working life, even if OR INDUSTRY COUNTRY? retired HOUSEWIFE - retired TRELAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OWEN MCENEANEY BRIDGETT H. DUFFY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yas, no, or unk.) [If Yas, give war or dates of service] Mrs. J. Frank Hushion, 734 Easley St. NONE no Stilver Springs ALTEN VAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 3 days IMMEDIATE CAUSE ANTECEDENT CAUSEISI DISEASES OR CONDITIONS, IF ANY, GVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO DE 210. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, farm, lectory, 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stata) OR CONTRIBUTING [CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21f, HOW DID INJURY OCCUR? 21a. INJURY OCCURRED While Not while at work et work 22. I hereby certify that I attended the deceased from 4/11/4 7..., 1947..., to 3/4......, 1956..., that I last saw the deceased alive on....2, and that death occurred at ... I do the causes and on the date stated above ADDRESS (Streat, city, town, stola) DATE SIGNED NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, LOCATION (City, town, or county) (State) NS & SPECIEN YEADON, PENNSYLVANIA CROSS CEMETERY REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0000
2996 CERTIFICATE OF DEATH	teg. Dist. No. 223
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution o. COUNTY	Residence before admission)
Maryland Maryland Maryland	Montgomery
b. CITY OR TOWN Iff outside corporate limits write RURAL and give nearest town) Takenac Park lo hours Chesus Chase	AL and give nedrest town)
Takoma rack lo hours Chevy Chase	
d. NAME OF HOSPITAL (if not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS	ON A FARM?
. Washington Junitarium Hasp 8815- DRIERly	KG YES NO
3. NAME OF First Middle Last 4. DATE Month OF	Day Yeor
(Type or print) Richard Edwin Wohnson DEATH March 5. SEX 6. COLOR OR RACE 7. MARRIED (THISTEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years 15	4 29 19 5-6 UNDER 1 YEAR IF UNDER 24 HRS.
May 23 1898 a lost birthday) N	Aonths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OP INDIVISIVE (17 REPRESENTED TO FOREIGN CONSTITUTION)	12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if refired)	USA
13. FATHER'S NAME	USA
13. FATHER'S NAME Oliver G. Johnson Ida J. Custer	
Address	1
(Yes, no. or unknown) (If yes, give wor or deles of service) yes Sarah A. Johnson-Item# 2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: TO WINS	ONSET AND DEATH
= === \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
conditions, if any, which) to Newtoraka hentic weer of comas	le 12 lous
gave rise to immediate DUE TO	
es = lying cause lost. 10 Peptic Ulcer : essential hyportens	con 1542
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
a de	YES [] NO [
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18)	
	(Company)
Haur c. n. White Not white foctory, street, affice bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from 19 month, 19 sto, to 29 month, 19 sto, to	
alive on 29 10 1250, and that death occurred at \$2 A.M. from the causes and ADDRESS (Street, city or town, sto	
SIGNATURE TO SIGNATURE SIGNATU	2 Romines
0.02 - 5	Na
	land
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or or	caunty) (State)
Burial 4-2-56 Monocacy Beallsville, Mo	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246, REC'D BY REC'D BY REC'D BY REC'D	AR'S SIGNATURE
15M 9755 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sontouch

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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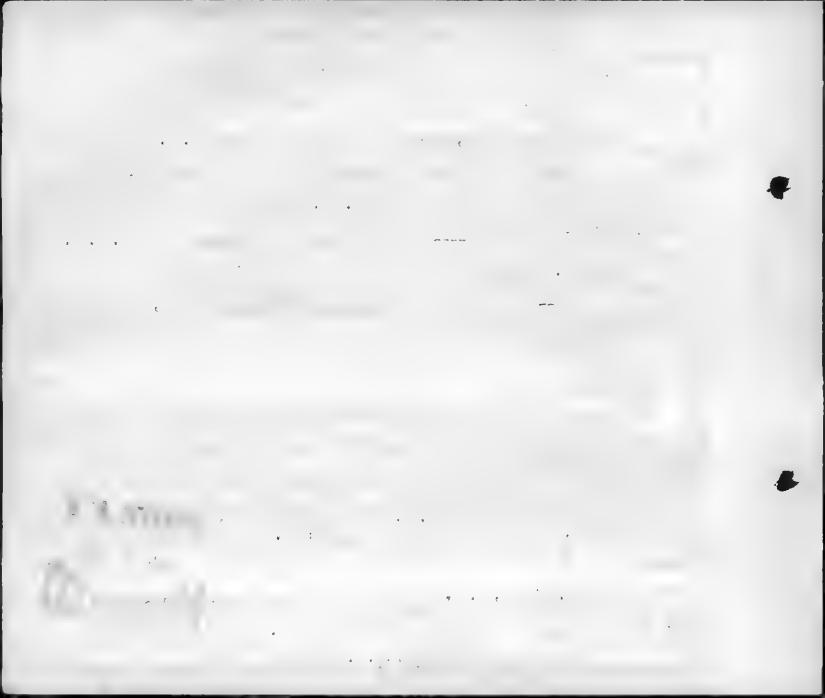
that the death certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 308 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03043

Reg. Dist. No.

3	PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)					
	MONTGOMERY MARYLAND					G. STATE MARYLAND 6. COUNTY MONTGOMERY						
	b. CITY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 1b and give recreat form)				c. C	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
4		SPRING				SILV	ER SPR	ING				
	d. NAME OF HOSPITA	L OR INSTITUTION (IF A	ot in hospital, gi	ve street address)	d. S	TREET ADDRESS				e, [S RESIDENCE	
A	SUNOCO GAS STATION 730 SILVER SPRING AVENUE							S NO				
3	NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mo	onth	Day	Year	
	(Type or print)	OCTAVIUS		U	LARSH	EN	DEATH	MA	RCH	29	19 56	
5	. SEX	6. COLOR OR RACE 7.	MARRIED A	NEVER MARRIED	8. DATE O	F BIRTH		9. AGE (in years loss bushday)			NDER 24 HRS	
	MALE	WHITE w	IDOWED 🗌	DIVORCED 📋	5/11	L/83		72 y	rii Months E	Days Hou	urs Min.	
, 3	Da. USUAL OCCUPATIO during most of warking	N (Give kind of work done	10b. KIND OF	BUSINESS OR INDU	STRY 11. 8	IRTHPLACE (\$10	te or foreign	country)	12. CIT.2	EN OF WH	AT COUNTRY?	
	PLUMBER -					GEORGIA			U	S.A.		
1	3. FATHER'S NAME			***************************************	14. MO	THER'S MAIDEN	NAME		,			
	UNKNOWN					UNKNOW	N					
		R IN U. S. ARMED FORCE		SECURITY NO. 17.	INFORMA	NT		Addr	013			
1	NO	fit has' disa was as ones ot ress:	214-0	03 – 8607 Mr	s. He	len Lar	sen, 7	30 Silve	er Sprin	ng Ave		
-	18. CAUSE OF DEAT	H (Enter only one cause p	per line for (a), ((b), and (c). }			S	ilver S	oring,	GLERVAL B	ETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary Occlusion ONSET AND DEATH April Series ONSET AND DEATH											
	420.1											
		Canditions, if ony, which)										
	gave rise ta immedi	iote couse								-		
(a), stating the underlying cause last.												
3	PART II, OTHI	ER SIGNIFICANT CONDITI	ONS CONTR BU	TING TO DEATH BUT	NOT RELA	TED TO THE TER	MINAL DISEAS	E CONDITION O	GIVEN IN PART	1(a) 19 W	AS AUTOPSY	
CEPTIFICATION	ξ									YES [REORMED?	
1111	20g. EXTERNAL CAUS	SE WAS 206. 0	ESCRIBE HOW I	INJURY OCCURRED.	(Enter natu	re of injury in Po	arl I ar Part II	of item 18.)				
		IKIBOTING []										
MEDICAL	20c. TIME OF INJURY	Month, Day, Year	20d. INJURY		ACE OF IN	JURY (Home, fo	rm, 20f. (Cit	y or tawn)	(Cour	nty)	(State)	
727	Havr e.m.	19	While N		crary, street	, affice bldg., e	rc.j					
	21. I certify the	at I took charge of	the remain	s described ab	ove, hel	d an Autop	ssy , I	nspection [2	4. Inquiry	(C. ar	nd find that	
		from: Natural cau	and .			Homicia		ndetermined				
				779.8			-					
	ACTUAL SIGNATURE	earl O. 1	mese	hart	MD C	HIEF MEDICAL	EXAMINER			DA'	TE SIGNED	
					101140	SSISTANT MEDI	CAL EXAMINI	ER 🔲				
	EXAMINER'S NAME (Type)	rank 🗸. Bro	SCHART		0	EPUTY MEDICA	L EXAMINER (3		3 - 2	29-56	
2	20. BURIAL, CREMATION	, 226. DATE THEREOF		ME OF CEMETERY C				TION (City, towi			State)	
	BURIAL (Specify)	3/31/56	GEO.	. WASH. MI	M. CE	METERY	PRIN	CE GEO.	COUNTY	, MD.		
2	3. FUNERAL DIRECTOR'S	The last was		ER SPRING	MD	24a. REG	C'D BY REGIST	FRAR 245, RE	GISTRAR'S SIG	NATURE	w	
	Warner 5	Bumphely	DIRAI	EAC BINING	MID.	DATE	1306	5 F 1	lance		to Tri	

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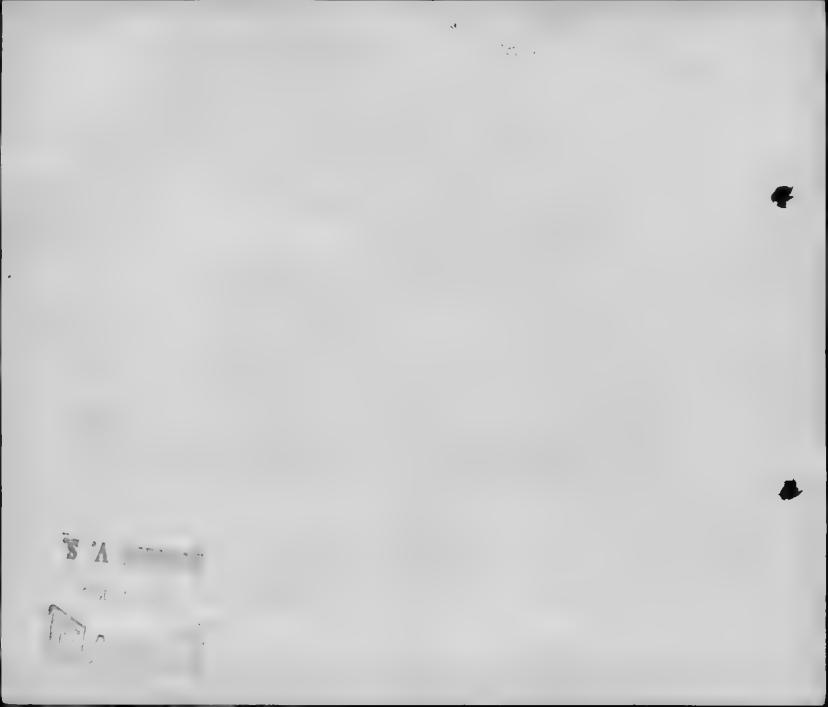
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			,		
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.223

ct	MARYLAND STATE DEPARTMENT OF HE	FALTH—BALTIMORE, 18	Keg. Dist.	
orre	MEDICAL EXAMINER'S CERT	IFICATE OF DEATH	No.223	
The co	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
42.5	COUNTY 1/ my MARYLAND	STATE MI COUNTY Mond	77	
ully. Telegibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and		
leg	OR and give nearest flown) Town Takema Perk 30 yrs	TOWN Takoma Park		
carefully and legi	HOSPITAL OR	STREET (If rural, give location)		
	INSTITUTION OR S/2 New York Cuz	ADDRESS 5/2 New York Cuz		
tio		aset) 4. DATE (Month) (Day)	(Year)	
ormation h clearly	OECEASED: (Type or Print) Exercise Matthews	Thicker DEATH Man 27	_ 1956	
n d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O		AR IF UNDER 24 HRS.	
infor death	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): married //- 2 S	- 1886 69 yrs. Months Day	Hours Min.	
of of	10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:		COUNTRY?	
every item	even if retired): accommend Government	Ma	nsa	
i v		4. MOTHER'S MAIDEN NAME:		
9 2		ELIZA WHITE		
y ev the	I6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, po, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS: 512 NEW YO	RK AVE.	
ply e t	service) MR	5 MAY B. LINTHICUM. TAISOMS !	PACK Mida	
Suppl	18. MEDICAL	CERTIFICATION		
.; o	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH	
20 D3	WITH and and and		70-12-1	
IN	Immediate cause (a) Usphyria DUE TO		The state of the s	
1 G	Antecedent cause(s)		of his home	
ADIN	Diseases or conditions, if any. (b)		I him of	
Aicia	giving rise to the above cause DUE TO stating underlying cause last		me	
UNFADIN Physicians:	(c)			
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?	
E #O			Yes 🗌 No 🗍	
oğu V	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,	21c. (City or town) (County)	(State)	
	PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY	Takoma Jack monty	mil	
PLAIN pecially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while	21f. HOW DID INJURY OCCUR?		
Cia	INJURY 3-> 2-1% 4 A.M. work at work at work	hung self by mankettal wer	ξ	
PL	22. I hereby certify that I took charge of the remains described	l above, held an Autopsy 🔲 , Inspection 🔀 ,	Inquiry , and	
된 8	find that death resulted from: Natural causes [], Acciden	t 🗌, Suicide 🕱, Homicide 🖂, Undetern	nined cause [].	
WRITE ge is es	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED	
Se A	Trank & Broarhout	M. D. ASSISTANT MEDICAL EXAM.	-27-56	
SE	23. BURIAL, CREMATION, / DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or cour	nty) (State)	
NJ NJ	BREMOVAL (Specify): MARZ# 1956. Ft. LINCOLN CE	METERY EMDENSBURGE, IR TED.	30., 1.100	
E	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURY	1. FUNERAL DIRECTORY 2524 CARROLL ST	ADDRESS	
PI	REG. 3/23/56 + HOPIN NETACK	1. The Vid 254 ARKELLI	700	
		V AKORA TAR		

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



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* 3020 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE AMERICAN CONTRACTOR OF THE PROPERTY.

- 1	MEDICAL EXAMINER'S CER	KITTICATE OF DEATH	No
-	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY DIOTESTICA MARYLAND	STATE Ind COUNTY Mouli	F
	CITY (If outside corporate limits, write RURAL OR and give pearest town) TOWN CITY (If outside corporate limits, write RURAL (in, this place)	CITY (If outside corporate limits write RURAL and OR TOWN Colorelle	give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 323 Juncoin aux	STREET (If rural, give location) ADDRESS 3 2 3	1
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	DECEASED: (Type or Print) & Extrater Robert	fucfield DEATH Man 8	195%
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAY WIDOWED, DIVORCED, (Specify)	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months Da	
- 1	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		CITIZEN OF WHAT
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7/1 2 -
	Robert W Lushett	Clara Jones	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; (Yes, no, or unk) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	o
	service)	Clara hickett (nrother) Dance	as Leur 2
į	18. MEDI	CAL CERTIFICATION	Tatemany A.C. District Control
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
١	Immediate cause (a) Captuper a		Jan C
i	DUE TO //		dead in
ı	Antecedent cause(s) Diseases or conditions, if any, (b)	41177 4 7771 5 444411 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	bed
ı	giving rise to the above cause DUE TO	0 /	
ı	stating underlying cause last (c) . Trapper Kergh	lating Jurpuin	
l	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
i	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		0.0	Yes No No
	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 21b. PLACE (Home, farm, factor OF street, office bldg., et INJURY	·c.,	(State)
	21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY OCCURRED M. 21e. INJURY OCCURRED While at Nork □ at work □ at work □	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I took charge of the remains descr		
	find that death resulted from: Natural causes , Acc		
	SIGNATURE Dent Q Barsehout	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	BATE SIGNED
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION City, town, or con	unty) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cach Tockrill	A / ADDRESS ()
	REG. 3/12/56 Zamell St. Fragtors	Coled L. Sunder Locker	ele, med

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

7

MARGIN RESERVED FOR BINDING

75		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		3091 CERTIFICATE OF DEATH Reg. Dist. No. 2/6
l director.	35	1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY
ا گر ہے	1111	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest lown) RURAL and give nearest lown)
y the fun 2 should		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM?
d in b		3. NAME OF DECEASED OF First O, Middle Lost 4. DATE Month Day Year
100		(Type or print) TONN TOO SEX 1956 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED BLOATE OF BIRTIC 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
camplete papers.		March 29,1922 33 Hours Min 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and ca		Bookbinder Haynes withograph North Carolina U.S.A.
ysician yve carl	(1	Walter bee byerly Beulah Correll
ing phy e remo		15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (17 you give wor or dotes of service) 17. INFORMANT (17 you give wor or dotes of service) 17. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (17 you give wor or dotes of service) 18. INFORMANT (1
ottendi n pleas		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) // Les of acceleral lafaration of Unfried + Septem ONSET AND DEATH
by the 1. The y ev≡n		Conditions, if ony, which) of Cente ant Coronary Themponio
signed I permi		gave rise to immediate cause (a), storing the under-lying cause last.
physicia as been al-trans	,	
ding ote heri		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMANCE OF PART 1
his course as		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while factory, street, office bidg., etc.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
haspite After 1 hed for rial, cre		21. I certify that I attended the deceased fram 313156, 19, ta, 19, that I last saw the deceased alive on 313156, 19, and that death occurred at/0.15 PM, fram the causes and an the date stated above.
by the CTOR: detact to by	1	ACTUAL SOLITOR OF SUPERIOR STATE SIGNED SOLITOR STATE SIGNED
RAL DIRE should be		PHYSICIAN'S FOLLOGO & IA/ TOWNS TO MO
may be re FUNERA page 3 sh	3	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
¥		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55		Robert A. Pumphrey Bethesda, Harylandont 3-6-56 Besse M. Thompson

7-32:

7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
£	3092 CERTIFICATE OF DEATH Reg. Dist. No. 2048
be fired with	1. PLACE OF DEATH o. COUNTY Montgomery Maryland 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Virginia b COUNTY Arlington
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Bethesda c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Arlington
2 should	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION The Clinical Center, Bethesda, Md. d. STREET ADDRESS ON A FARM ON A FARM YES Not
000 - sa	NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DECEASED (Month 19) N
e e e e e e e e e e e e e e e e e e e	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HI 1954 10 most Manths Days Hours Min
death,	10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Child 12. CITIZEN OF WHAT COUN District of Columbia U.S.A.
s offer de	13. FATHER'S NAME George Marotta 14. MOTHER'S MAIDEN NAME June Mortlock
72 havr	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT THE Medical Record Address No. 17. INFORMANT The Clinical Center, Bethesda, Maryland
is agreed by the priest	1B. CAUSE OF DEATH [Enter only one cause per line top (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Sephic Mening ths Hetherhossis Conditions, if any, which gove rise to immediate cause (o), stating the under- lying couse lost. Sephic Mening the under- lying couse lost.
niol-trans maval, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES 10 NO
the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or use as	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Have a. pt. 19 While Not white of work at work at work 19 to work 19 Not white of work 19 Not white
tached for	21. I certify that I attended the deceased from February 17, 19 56, to March 19, 19 56, that I last saw the deceased alive an March 19, 19 56, and that death occurred at 9:05AM, from the causes and an the date stated about
Dixector di be de priar ta	ACTUAL SIGNATURE TURNS OF THE SIGNATURE TO STATE OF THE Clinical Center, NIH
ERAL DI 3 shavid gistrar pr	NAME (Type) Hichard D. Fritz, M. D. Bethesda, ll, Maryland
poge the re	Shipment 3-20-56 CRACELAND Com. albany 7. 5-
5 (4) 7/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF DATE 3 21-56 Basei M. Hompson.

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BINDING

MARGIN RESERVED FOR

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEATH No. 212. MEDICAL EXAMINER'S CERTIFICATE OF

MEDICAL EXAMI	VER'S CER'		OF DEATH	No. 2.12
1. PLACE OF DEATH:	VISITE IS CIDITE	2. USUAL RESIDENCE (H		110 20 1 20
to a service of		1. 0	,	
COUNTY Months Murry	MARYLAND	STATE /// d	COUNTY /12net	
OR and give mayest town) TOWN	RAL LENGTH OF STAY (in this place)	OR ,	ate limits write RURAL as	id give nearest town)
HOSPITAL OR		STREET	(If rural, give location))
INSTITUTION OR STREET ADDRESS	J	ADDRESS		
3. NAME OF DECEASED: (First)	(Middle)		OATE (Month) (De	
(Type or Print) Clinics	randlen 19	WOUL		-2 1956
KACE: WIDO	E, MARRIED, WED, DIVORCED. 9): DIMAGES.	y . y	last birthday: IF UNDER I	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OF INDUSTRY:	11. BIRTHPLACE (Sta	te or foreign country): 1	2. CITIZEN OF WILAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN	NAME:	(VI S C
7 menous		sinkur		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. Social Security No.:	17. INFORMANT & ADDRE	\$8:	
(Yes, no. or unk.) (II Yes, give war or dates of	713-10-4356	Vellie Martin (u	refe) Dhene a	s Hun 2
I. DISEASES OR CONDITIONS DIRECTLY LI	18. MEDICA	L CERTIFICATION		INTERVAL BETWEEN
,		•		ONSET AND DEATH
	Cornary or	clusin	A 1A 44 6 PT PT 1841 V 18 PT 4 PT	suchu
Antecedent cause(s)				
Diseases or conditions if any. (b)		A4A4 a 44 A4	***************************************	
giving rise to the above cause DUE TO stating underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS CON'	TRIBUTING			1
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA	TO THE			
19a. DATE OF OPERATION: 19b. MAJOR F				20. AUTOPSY?
				Yes 🗌 No 📆
PRIMARY or CONTRIBUTING C	PLACE (Home, farm, factory,)F street, office bldg., etc., NJURY		(County)	(State)
21d. Time (Month) (Day) (Year) (Hour) 7 OF NJURY M.	21e. INJURY OCCURRED While at Not while work □ at work □	21f. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I took charg	e of the remains describ	ed above, held an Aut	opsy 🗌 , Inspection 🖸	, Inquiry , and
find that death resulted from: Na	atural causes 💢 , Accid	ent 🔲 , Suicide 🔲 ,	Homicide 🔲 , 🛮 Undet	ermined cause [].
SIGNATURE 1 1 Borns	tat	DEPUTY MI	ICAL EXAMINER EDICAL EXAMINER EMEDICAL EXAMINER	3-22-52
23. BURIAL, CREMATION. DATE THERE REMOVAL (Specify)	1312		CATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	R 3 1 1/1	ADDRESS
	W. Elsin per DJ.t	MALLERA	110 Heller	
		13.224	zwistli, 1.4	16

2.7

Sens J

03050

309 CERTIFICATE OF DEATH

Reg. Dist. No. - 1. /

	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
	COUNTY MONTGOMORY MARYLAND		state Maryland county Montgomery		
	CITY (it outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (It outside corporate limits, write RURAL and give a		give neerest town)
	X TOWN Gaithersourg	l vear	Kensington Kensington		
	HOSPITAL OR		STREET (If rurel give location) ADDRESS		
	STREET ADDRESSThe Marylander		4506 Edgefield Road		
	3. NAME OF (First) (M	(iddle)	(Lest)	4. DATE (Month)	
	(Type or Print) Anna	E.	Mav	OF DEATH MO	rch 7 19 56
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED	D, 8. DATE O			F UNDER 1 YEAR IF UNDER 24 HRS
	RACE WIDOWED, DIVO	DRCED,	00		Aonths Days Hours Min.
	Female White (Specify) Wid		BIRTHPLACE (State or formic	67 yrs.	12. CITIZEN OF WHAT
,	done during most of working life, even if OR INDUSTRY				COUNTRY?
1		Gov't	Washington		USA
	13. FATHER'S NAME				
	William J. McGill	Mary Linskey			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Mrs. Rmf] T Sull 1 Tron				
	(Yes, no, or unk.) (If Yes, give wer or deles of service) 10 4506Edgefield Rd. Kensing ton. Wd.				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION ONSET AND DEATH				
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSE AND DEATH				
	· Institute chart				
	ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO					
	STATING UNDERLYING CAUSE LAST, DUE TO				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE DISPASE OR CONDITION CAUSING DEATH.				
	190. DATE OF OPERATION 196. MAJOR FINDINGS O			20. AUTOPSY?	
					YES NO 🗵
	216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, off [IF EITHER, NOTIFY MEDICAL EXAMINER]		1c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
	While	Not while	21f. HOW DID INJURY OCCUR	7	
	M. et work				
4	22. I hereby certify that I attended the deceased from 1955, to 1955, to 1955, that I last saw the deceased				
4	alive on 19.75 and that death occurred at 7.29 M, from the causes and on the date stated above.				
10	James V. Konn M.D. Homasey M. 3/7/5				
1.55	23. BORIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)				or county) (Sfete)
W Y	Burial 3/10/56 Glenwood Cemetery Wachington, D. C.				
7	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash DC				
	DATE Mar. 10-56 Carrier of Courte Francist Collen 3:21-14thSt. N.W.				
	The state of the s				



1	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18 03051
	3095 CERTIFICA	ATE OF DEATH Reg. Dist. No. 2.16
director led with	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE CLASSIC B. COUNTY
degin.	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest fown)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
M 2 should	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS o is residence on a farm? YES NO
18 I and 18	3. NAME OF DECEASED (Type or print)	Mc Lost 4. DATE Month Day Year MC 2 addon DEATH Wash. 3 1956
Pega S	S.SEX 6. COLOR OF RACE 7. MARRIED NIEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ost Dethday) Manths Days Hours Min.
d comp d comp beath.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	
cian an carbar after o	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
og physic remove	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address 10 miller
ottendir vithin	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a)	interval between onset and Death
by the it. The iy eveni	Candidate it any which	martein créinsis years
signed signed it perm nd in or	gove rise to immediate couse (a), stoling the underly lying couse last.	
■ low physicio os been ol-trons oval, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO PO
ending ficate h the burn	OR CONTRIBUTING LI CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	D. (Enter nature of injury in Part I or Part II of item 18.)
this emotion	Coc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. n. While Not while for p. m. 19 at work at work	ACE OF INJURY (Home, form, clory, street, office bldg , etc.) (Stole)
none bospit. After 1 ched for	21. I certify that I attended the deceased from 2/24	to March 3 19 Schot I last saw the deceased occurred at 40 AM, from the causes and an the date stated above.
A AITEI d by the RECTOR SECTOR for to b	ACTUAL SIGNATURE Salar V. FILLER	ADDRESS (Street, city or town, state) DATE SIGNED ALD 11301 STEATA (ALD. SILLA 33)
RAL DII RAL DII should strar pr	PHYSICIAN'S JOHN J. CURRY	11301 GEORGIA AVE., SILVER SPRING, MD.
moy be page 3 the regi	Taking, & Dollar,	EMETERY PLATTSBURG, CLINTON CO., N.Y.
VS A15 (4) 15M 9/55	Warner & Tumphrity, 8434 Georgia & Silver Spring	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 8-5-56 Bessie. M. Hompsox

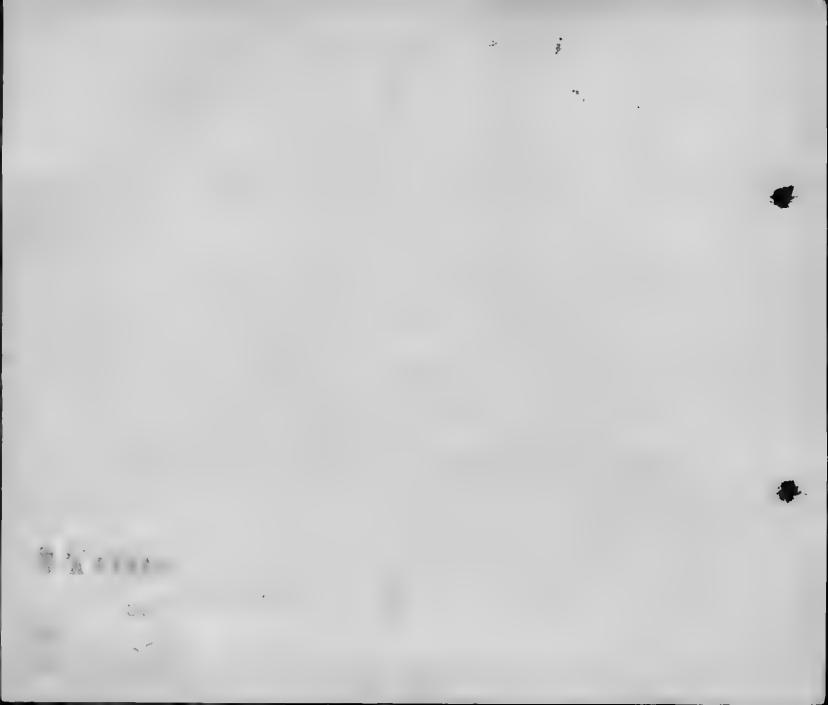


			~ ===		
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2

I.			
ı	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY MONTHOMERY MARYLAND	STATE Ind COUNTY MINTE	
	CITY (If outside corporate finits, write RERAL LENGTH OF STAY OR and give nearest town (in this place)	OR TOWN Suffus da	give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 8908 Melaitoria Rl	STREET ADDRESS 8908 Melvovol	Rd
	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Thumas Rutledge)	(Last) (. DATE (Month) (Day) OF DEATH Mar 4	(Year)
	5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Jungle 0 -	30-47 8 yrs Months Pay	Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student Student		CITIZEN OF WHAT COUNTRY! USA
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Thomas J. McCoy	Hary A. Rutledge	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY No.: (Yes, no. or unk.) (If Yes, give war or dates of service) NO None	17. INFORMANT & ADDRESS: Father, Thom McCoy, 8908 Melwood Rd. Be	as J. th. Md.
Ī	18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
	Immediate cause (6) Ustry via		Frank Mess
,	Immediate cause (a)	e to allo pe e e emine a l'i de le la Albaia Albaia alla alla companya alla companya de la Section de Section	A Law of mound
	Antecedent cause(s)		
	Diseases or conditions, if any, (b)	*** * *** ** *** *** ** * * * * * * *	** **
	giving rise to the above cause DUE TO stating underlying cause last		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20. AUTOPSY?
*			Yes 🗆 No 🗷
	21s. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory		(State)
	PRIMARY Tor CONTRIBUTING OF Street office bldg., etc CAUSE OF DEATH.	Islotheson Money	ma
	21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED White at INJURY 3-7-56 4:3. M. White at work at work	Fell from their with clothline	about neck
4	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🖂, Inspection 🙀,	Inquiry [], and
	find that death resulted from: Natural causes [], Acci	dent 🔼, Suicide 🗌, Homicide 🗍, Undetern	nined cause 🗌 .
	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
0	Trank / Brositant	M. D. ASSISTANT MEDICAL EXAM	3-4-56
	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETED	RY OR CREMATORY , LOCATION (City, town, or cou	
	REMOVAL (Specify): (V		nty) (State)
	Burial 43-7-50 Farklawn	Cemetery Rockville, Lont	g. Md
	Burial Specify: (3-7-56 Parklawn DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4	24. FUNERAL DIRECTOR	esda,d.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

VS. A15A - 5 - 53



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after depth. Page 4 may be retained by the hospital as a reding physician.

TO FUNERAL DIRECTOR: After this connecte flow bean signed by the attending physician and complete:

To FUNERAL DIRECTOR: After this connecte flow bean signed by the attending physician and complete:

Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be thed with the registrar prior to burial, commotion. Exempted, and in any event within 72 hours after death

VS A15 (4) 15M 9/\$\$

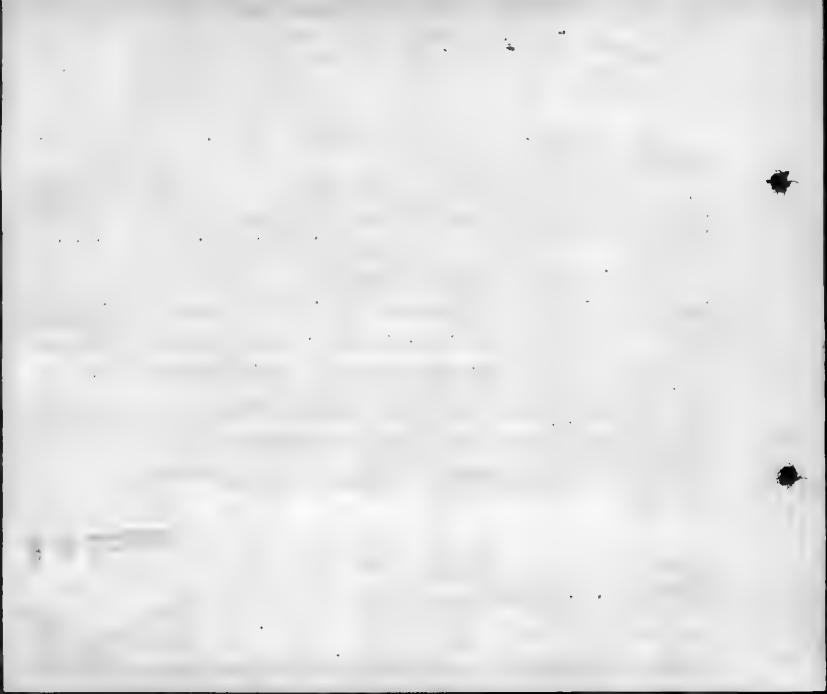
504

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3098 **CERTIFICATE OF DEATH**

	Dist.	OU	Ų	7	1
Rea.	Dist.	No.	ol	6	4

	o COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) WOOD ACTOS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wood Acres
	or NAME OF HOSPITAL (If not in hospital, give street address) OR NAME OF HOSPITAL (If not in hospital, give street address) OR NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS 6004 Cobalt Rd. o. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO
	NAME OF DECEASED (Type or print) Alice Miles Meyer	Lost 4. DATE Month Doy Year OF DEATH Wirch /6 185 6
	female white widowed Divorced	8. DATE OF BIRTH 6/6/88 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6/6/88 Months Days Hours Min
Ĺ	00 USUAL OCCUPATION (Give kind of work done 100, KIND OF BUSINESS OR INDUSTRING MOST OF WORKING life, even if relired)	St. Paul, Minn. U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
П	Rufus L. Miles	Nellie Sterling
	(Val. on an unless at 1 and an annual state of the state	erle F. Meyer 6004 Cobalt Rd. A Wood Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under-	thrombons oner And DEATH Trombons if euro
	PART II. OTHER SIGN) FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to 19 work at work at work 19 work	ACE OF INJURY IHome, farm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 17-72 alive an 3-14-, 1256, and that death SIGNATURE O. P. Ryland	ADDRESS (Street, city or town, state)
II.	PAME (Type) C. F. T. Y LEILU 220. BUR AL, CREMATION, 226 DATE THEREOF 220. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
2	bunial 3/40/1930 APITING LOTT 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	National Com. Arlington, Virginia h St. Walk 3-19-56 Besse M. Hombson



Page 4

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

03055 Reg. Dist. No. 217

PLACE OF DEATH O. COUNTY Montgomery MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Prince George's
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN	
RURAL and give nearest town) Olney 1 years	Hyattsville, Md.
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	I.CO. David and an Da ON A FARM?
Sharon Chronic Hospital	TOUT BULLING CON KG AES NO IN
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) Nannie E Michael	DEATH - Aarch 20, 1956 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Hours Min.
female white WIDOWED TO DIVORCED [I lost pirthddyl Months Dovs Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR III	
during most of warking life, even if retired)	
none	Frederick Md USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
charles Flamming	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (16 yes, give wer or dates of service)	17. INFORMANT Address
no none	Myron M Michael Hyattsville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).].	O INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Lend 5 Mg
	a - 14-ft /- 30
Conditions, if any, which agare rise to immediate	a c Melbelbus - Jus
couse (a), stating the under-	
lying couse last. (c) Landralla	20
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
Y Y	PERFORMED?
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20d. Haur a. rt. While Not while	e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg , etc.)
Haur a. n. 19 While Not while at work at work	
21. I certify that I attended the deceased from 3-18	
	eath accurred at 7.39 P. M., from the causes and an the date stated above
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADDRESS (Street, city or town, state) DATE SIGNER
ACTUAL SIGNATURE Soley Bosley Seyler	2 20 6
SIGNATURE	M.D
PHYSICIAN'S (TOHN BOBLEY	ZIEG-LER()
22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTER OF C	RY OR CREMATORY 22d LOCATION (City, Jown, or equally) (State)
23 EUMERAG DIRECTOR'S SIGNATURE ADDRESS .	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
+ George some Tryallarll	e med DATE 3-21-56 Sentrude B Lawle
	C mis or volvermine of hance

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MI A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
3100	CEDTIEICATE	OF DEATH

CERTIFICATE OF DEATH

L		<u> </u>	200	CER	THI ICA	ATE OF DEAT			Reg. Di	st. No.	21	4
1.	o. countries	mery	Beth	3	alth ARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here decease	d lived. If instituti b. COUNTY				ion)
	Bethesd	(If outside corporate time nearest town)	its, write	c. LENGTH OF S		c. CITY OR TOWN (IF			URAL ond	give near	resi Iown)
X				Approx 7	mos	Silver Sp	ring,	Maryland		w Wv.		
1	d. NAME OF HOSPI Vactional of	TAL (If not in hospital, institutes (give street of He	oddress) Alth		d. STREET ADDRESS 9618 Cottr	ell Te	rrace		2 6		PARMS NO 17
3.	NAME OF DECEASED (Type or print)	Linda	rst	A Min	ddle N	POKEEN Last	4. DATE OF DEATH	March	nth	Day 2/1		rear 1956
5.	sex Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MA	RCED	B. DATE OF BIRTH May 4, 1948		9 AGE (In years last birthday) yrs	Months			
10	du (Child)	ON (Give kind of work rking life, even if retired	done 105.	KIND OF BUSINES	SS OR INDUS	TRY 11. BIRTHPLACE (Stole Pennsyl		ountry)		TIZEN OF	WHAT	COUNTRY?
13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Morris M	okren				Shirley	Frank					
15	WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY	NO. 17. P	NFORMANT		Add	ress			
	NO vinknown)					Mrs. Shirley	Mokre	n (Same	as d	ecea:	sed)	
		ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c			-	enterocolit	is			INTER	day	DEATH
	Conditions, if		Ac	eute leuk	emia					1.8	Mos	•
	gove rise to cause (a), stating lying couse last.	the under-										
CERTIFICATION			Hemo	rrhagic	ascite				EN IN PAR	T 1(a) 19	PERFO	AUTOPSY RMED? NO
	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRED). (Enter nature of injury in	Port or Par	t 11 of item 18.)				
MEDICAL	20c. TIME OF INJUI Have e. jr. p. m.	RY Month, Day, Ye	ar 20d. II While at wor	NJURY OCCURRED Not while at wark	foc	CE OF INJURY (Home, farm tory, street, office bldg., etc	n, 20f. (City	or tawn)	(County)		(State)
		hat t attended the	deceas		eb。1. hat death	, 1956 , to accurred at 6±00	March	24 , 1956	that I	last sat	w the	deceased above
	ACTUAL SIGNATURE	evel Vris	M	Bern	fon	De Clinic		Cent		7	/a.	TE SIGNED
	NAME (Type)			nton, M.		Bethe	oda	, mo	l.			
22	BURIAL CREMATIC REMOVAL (Specify	1 2 2 1 / 1	OF CO	224 NAME OF	PARETERY OF	v jeen.	224.19¢A	TION City town	or county)	us	(State	1)
23	FUNERAL DIRECTOR	rs signature	1 Ala	ADDRESS	7-914	West 340. REC	D BY REGIST	TRAR 246. REGIS	STRAR'S SI	MATURE L	lion	nham

38 AAM

BUREAU V. E.

VS A15 (4) 15M 9/55

Reg. Dist. No IS RESIDENCE ON A FARM? YES I NO I Day Year 10 5 6

> PERFORMED? YES INO I

> > (State)

(County)

IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH

M, from the causes and on the date stated above

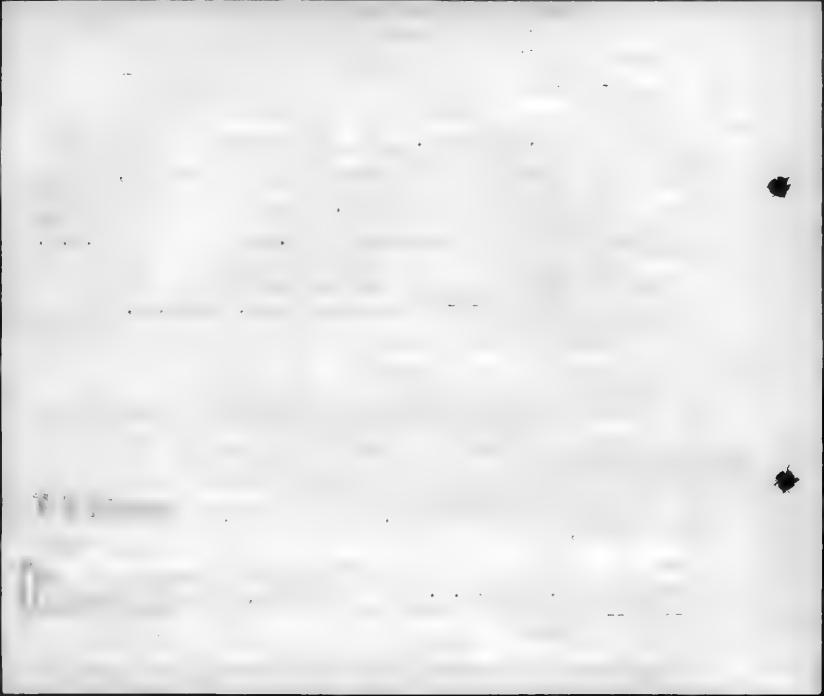
HYATTSVILLE (State)

22d LOCATION (City, town, or county)

MARYLAND 245 REGISTRAT'S SIGNATURE

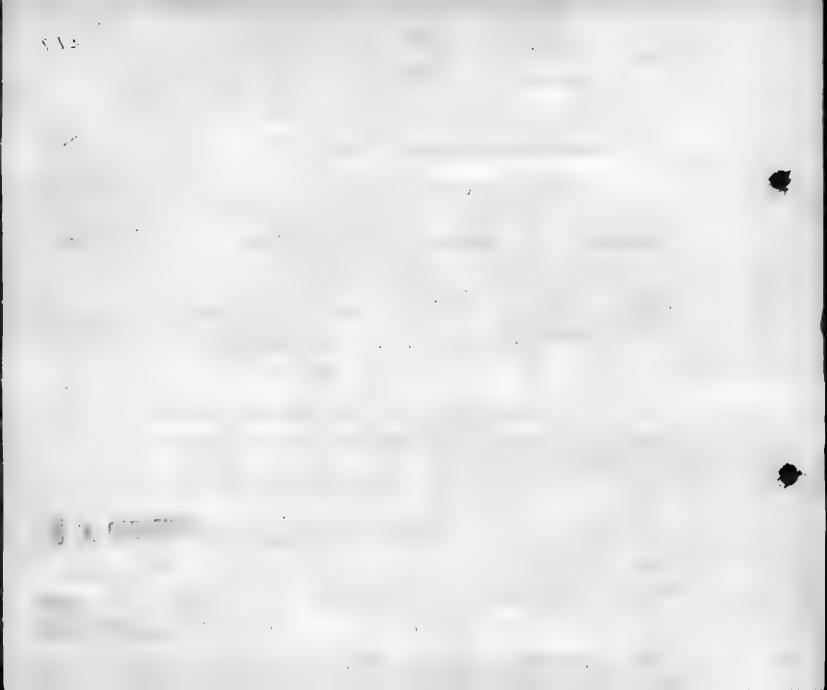






		MA	ARYLAND S	TATE DEPA	RTME	NT OF HEALTH	-BALTIA	AORE, 18	4) 5	1000
		•	3001	CERTII	FICA	TE OF DEATH	1		Reg. Dist. No.	223
	1.	Mace of DEATH COUNTY Mantgome	2 CV	MARY	AND	2. USUAL RESIDENCE (WHO STATE	nere deceased live	d. If institution: b. COUNTY	./I	
11	T	o. CITY OR TOWN (If outside corpore RURAL and give nearest town)	MARYLAND County Maryland County Maryland County Month County County County County County Month County Month County County County Month County County County Month County County County Month County Co			si lown)				
	N	OR INSTITUTION	5 5 1	11 . 1.		121 41	Aven	JE		ON A FARM?
		NAME OF JECEASED Type or print) Mary	First	Middle	Mi	. 1	QF /	Marc.	and the	at the state of th
	5. !	emale Cauc	WIDOWED	DIVORCED		June 4 18	83 3	72 yrs.		
		TOUSCULTE	retired)		TRUDUI S	Pennsyl	vania	()	LL. S. A	WHAT COUNTRY?
	V	Villiam H. Mille	r			Josephine	- 1	2		
5	15. (Yo	no, og unknown) (It yes, give war ar a	dates of service)	CIAL SECURITY NO.	1.2	1'-10.	rds War	hingto		ed Hosp.
		18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY	or 101 15T. and 18.]	rain	tistiad Du	canhory	E	ONSET	AND DEATH
		Conditions, if any, which a gove rise to immediate	カナ	election!	Mi	those of L	uen 20	escition	2) 4-	yes.
	7	lying couse fost.	(c) -57 @	quelse	uil ud	artiniclores	neph	this ky	5 aug 6 3	hos
	FICATION			7000	my	seigna				PERFORMED?
	AL CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAM	INER)							
	MEDICAL	20c. TIME OF INJURY Month, Da Hour a. jr. p. m.	While	Nat while of wark	20e. PLAC	CE OF INJURY (Home, farm, my, street, office bidg., etc.	. 20f. (City or to	own)	(County)	(State)
		21. I certify that I attended olive on Many 2	d the deceosed	Jioni,	deoth (이 19 , to 성 occurred ot 5 문	M, from the			
ŧ		ACTUAL SIGNATURE SIGNATURE	Hou	Alian	м		ADDRESS (Street,	city or town, sta	S. Alea	DATE SIGNED
		Totalia (1)/pol							1/ 7	W. MD.
	_			ST. JOHN'		METERY	MONTGO	MERY CO	JNTY, MAF	
	2	FUNERAL DIRECTOR'S SIGNATURE	nphrey;	ADDRESS ILVER SPR	ING,	MD. 24g. REC'E	130/56	246. REGISTA	lion V	ext





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led with	1 PLACE OF D	реатн Мо			MA	RYLAND	2. USUAL RESI	DENCE (Whi	ere deceosed	olumestrum	on Residence		ssion)
2 shauld be	b city or RURAL or Beth	TOWN (If outs nd give negres) esca	ide corporate (imi lown)	ls, write c						rate limits, write F	URAL ond gi	ve nearest tov	vn)
\$ ± ±	A NAME OF INST	F HOSPITAL (III	not in hospital, g	ive street ode	dress)				ain Br	idge Roa	d,N.W.	ON	A FARM?
led in by	3. NAME OF DECEASED (Type or print) 5. SEX Male 6. COLOR OR RACE White Wildowed Divorced Divorced Divorced Divorced Feonomist 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME Leonard Barton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INF		Myers	t	4 DATE OF DEATH	Marc		9°9	Year 56				
pleter.	Mal			WIDOWED	DIVOR	CED [Februar	y 13,1		yrs.	Months [Days Hours	Min
g physician and campler remave carban papers. 2 hours offer death.	ECO	nomist	ive kind of work of fe, even if retired	ECC			oment Io	wa		ountry)	12 CITIZ	J.S.A.	AT COUNTRY?
physician a smare carbo hours ofter	PLACE OF DEATH COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where decented fired. If intribution Residence below. STAT IN 16 D. STAT DIETRIC OF COLUMN (If contine corporate limits, write RURAL and give nec D. STAT DIETRIC OF COLUMN (If contine corporate limits, write RURAL and give nec D. STAT DIETRIC OF COLUMN (If contine corporate limits, write RURAL and give nec D. STAT DIETRIC (If not in hospitol.) give street oddress) 2. ELNOTH OF STAT IN 16 days Washington 4. C. CITY OR FOWN (If contine corporate limits, write RURAL and give nec D. STAT DIETRIC (In a in hospitol.) give street oddress) 3. NAME OF CITAL Center 2. B. DARE OF BIRTH D. STAT DIETRIC (In a in hospitol.) give street oddress) 3. NAME OF CITAL CENTER D. STAT DIETRIC (In a in hospitol.) give street oddress) D. DARE OF BIRTH D. DARE												
2 4 4				- factors									
the attending Then please revent within 72	18. CAUS	RT I DEATH W	AS CAUSED BY:				lun	190	meto	is their		ONSET AN	D_DEATH
ed by the			rhich }				<u> </u>						
rsicion. been signe fransit per	couse (o) lying co	, stoting the <u>u</u> use last.	nder- DUE TO)									
ing physic fer has bee burial-tra removal,											VEN IN PART	PERF	ORMED?
g e g							<u>`</u>			Columbitation Provide limits, write RURAL and give nearest town) Approach limits, write RURAL and give nearest town) Provided Road, N.W. Provided Road, N.W. Approach limits, write RURAL and give nearest town) Provided Road, N.W. Provided Ro			
pital a sr this a for use as cremation,		p. m.	19	White of work [Not white	foc	tory, street, office	e bidg., eic.					
LL 60 TH	21. I ce alive a	rtify that I March	attended the 9,	deceased	from Febr	uary at death	accurred at	6:184	-M, fron	n the causes o	and an the	e date sta	ted abave.
RECTO be del ior lo	SIGNATU	Bern	and Roke	et Ka	nda		Ap.The Cl						
NERAL DI NERAL DI Pe 3 should registror pr	NAME (Ty	P41											SAUTOPSY ORMED? (State) e deceased at a signed at 3/9/5
Poge the reg	REMOVÁL		3-12-	56	20 11	Lem	Paye		Fal	la ch.	Va.		ote)
VS A15 (4) 15M 9/55	Jes.	gawlu	o Sons	1756	Pa ane n	.w	-	DATE 3 -	984 REGIST -13 -5	_ 10	e. M. A	home	kins.



VS A1S (4) -15M 9/55

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03063

CERTIFICATE OF BEATH

0103	CERTIFICA	TE OF DEATH	j	Reg. Dist. No. 2/14
PLACE OF DEATH COUNTY HONTGOMERY	MARYLAND			Montgomery
b CITY OR TOWN (If outside corporate limits, write c. RURAL and give pearest town) Bethesds	LENGTH OF STAY IN 16		utside carporate limits, write RL	JRAL and give nearest tawn)
	ress)	5825 Osce	eola Road	o IS RESIDENCE ON A FARM? YES NOT
NAME OF First DECEASED (Type or print) Charlotte	Ruth	Nave	I OF	-1
[7] m 1070 d.a		8/28/1905	9 AGE (In years last birthdoy) 50 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Bookkeeper	e Typperape	Ruth, Mic	or foreign country) chigan	12 CITIZEN OF WHAT COUNTRY? U. S. A.
Augustus Seltz				
5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC Yes, no or unknown) (It yes, give wor or data of service)			on - 5108 Ba	ltimore_Ave.,
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate coess (a), stating the under-lying cause last. (c)	nchoge		NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING TO DESCRIBE OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION OF CONTRIBUTION				123 100
MANTANA OF TOWN 16 enuise corporate limits, write 12 LENGTH OF STAY IN 16 Bethesda C. CITY OF TOWN, 16 enuise corporate limits, write 12 LENGTH OF STAY IN 16 Bethesda A NAME OF HOSPITAL (if not in hospitol. give street oddress) Death address First Sex		(County) (State)		
PLACE OF DEATH COUNTY MONTE OMERY MANTIAND COUNTY MONTE OMERY MANTIAND COUNTY MONTE OMERY MANTIAND COUNTY MONTE OMERY BE THE SELECT COUNTY MONTE TOWN IF outside corporate limits, write BURAL and give necret found. BE THE SELECT COUNTY MONTE OMERY BE THE SELECT COUNTY MONTE OMERY BE THE SELECT COUNTY MONTE TOWN IF outside corporate limits, write BURAL and give necret found. BE THE SELECT COUNTY MONTE OMERY MONTE BE THE SELECT COUNTY MONTE TOWN IF outside corporate limits, write BURAL and give necret found. BE THE SELECT COUNTY MONTE OMERY				
NAME (Type)		Wash	cuplum D	C
REMOVAL (Specify) 3/27/56	Ft. Lincoln			A
The & De Dinle Co.			D BY REGISTRAR 24b. REGIS -27-56 Bess	TRAR'S SIGNATURE

Mouringenie concursina S. marley

55 Mar. 24 56 文林农

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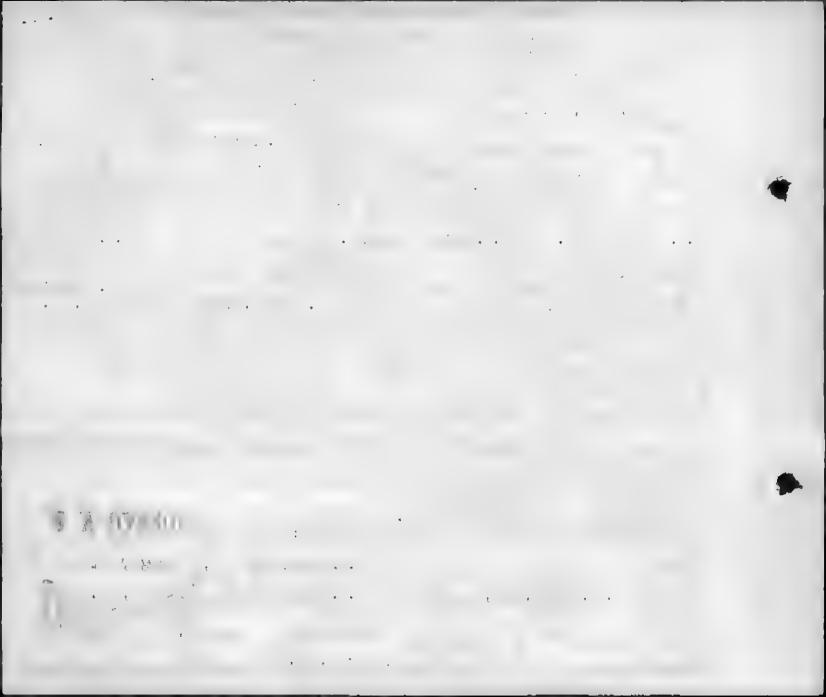
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Montgomery Co. Medical Harminer notified & will approve. OHSarmer, 540,

DEC

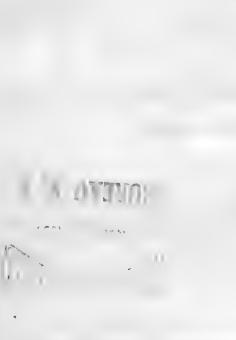
	3110		U							Reg. Dis	it. No.		
1. PLACE OF DEATH					2. USUAL RESIDER	ICE (Whe	era deceasa			en: Residenc	re before	odmiss	ion)
d. COUNT	Montgomery		MARYL	AND	o. STATE Ma	ryla	ind	b. CO	UNTY	Princ	ce G	eorg	ge
b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write	c. LENGTH OF STAY II	df V	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)								
X Bethesda	edrest rown)		273 days		Hyattsville / /								
	At (If not in hospital, of The Clinica	ye street o			d. STREET ADD						e.	. PS RES	IDENCE
	stitutes of				7739 F	reder	ric A	ve.					FARM?
3. NAME OF DECEASED	Fire		Middle		lost		4. DATE		Mont	h	Day		Year
(Type or print)	Bern	ard	Phili	D	Nimro	Jr.	OF DEATH		Max	reh	14		19 56
5. SEX			IED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In	yeors	IF UNDER			R 24 HRS.
Male	White	WIDOWE	DIVORCED		May 1,	1900		lost birth	goy)	Months	Days	Hours	Min,
10a. USUAL OCCUPATIO	ON (Give kind of work a	lone 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	E (Stole o	or fareign c	country)		12. CITI	ZEN OF	WHAT	COUNTRY
Lawyer	ung ine, even it retired		Lew		Conn	•				1	U.S.	A.	
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN N	AME						
Bernard	Nimro				Letit:	la Wi	Ltt						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		NFORMANT				Addre				
yes	WW # 1		77-44-0974	Th	e Medical	Reco	ord,	The Cl	ini	cal C	ente	r	
18. CAUSE OF DEA	ATH [Enter only one ca	use per lin	e for (o), (b), and (c).]								INTER	VAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ven	tricular Fi	bri	llation							ONSET AND DEATH	
420.0	DUE TO												
Conditions, if a			onary Insuf	Iic.	iency						1	1 hour	
gave rise to i	mmediate (
lying cause last.	} {c		eriosclerot										
PART II. OTH	IER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO TH	IE TERMIN	AL DISEAS	E CONDITIO	N GIVE	EN IN PART	1(0) 19	WAS :	ALTOPSY IRMED?
3 Kheum	atic Mitral											YES 🚮	
PART II. OTH Rheum 200. ACCIDENT WAR ON CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY OC	CURRE). (Enter nature of in	jury in Po	ort I or Po	rt II of item 1	B.)				
3 20c. TIME OF INJUR			i de la companya de l	- In I	55.05.000000000000000000000000000000000								
20c. TIME OF INJUR	Y Month, Day, Yea	While	Not while	foc	ICE OF INJURY (Hostory, street, office bi	ne, rarm, dg , etc.)	201. (Cit	y or lown)		(C	County)		(State)
		at wari				2/	1	9.3	PZ	-			
21. I certify th	at I attended the	decease	and de			-50	arch						deceased
alive on	March lu	_, 12	50° , and that c	death	occurred at	7	M, fro	m the cau	ses a	nd on th	ie date	state	ed above.
ACTUAL /	Juin B		0		The Cl	inic	al Ce	nter or	town, s	itate)		5 91	ATE SIGNED
ACTUAL SIGNATURE	ann n	and	- Validation		W.D. Nation	al-I	nstit	utes e	f-H	ealth		}/L:	5./20
PHYSICIAN'S JO	hn Davidsor	, M.	D.		Bethes	da,	Maryl	and			-		
22a. BURIAL, CREMATIO			22c NAME OF CEMET	ERY O	REMATORY	2	22d. LQCA	TIQN (City, I	awn, or	county)/	75	[Ş/at	e)
Bureal	mar 19. 1	956	Collings	EN	Nationa	1	662	lon is	100	2.11	isa	m	(12)
23, FUNERAL DIRECTOR	S SIGNATURE	2	ADDRESS	1	na		BY REGIS	TRAR 24b.	25CIST	TRAR'S SIG	NATTORE	-	. /
11 3 11 36 1768	murs	0, 1	vromy	07	1 / Jul 1 D	ATE			116	ry 6	. 10	rel	lya
										0			1



			MARY	LAND	STATE DEPA		ENT OF I			IMORE,	1	0.0)68
		PLACE OF DEATH	lontgomery	<u> 18</u>		(LAND	2 USUAL RES		ere deceased	lived If institution b. COUN	lution; Reside	ist. No. o	dmission)
1	Ī		(If outside carporate limi		c. LENGTH OF STAY	IN 1b		town (If a		ote limits, writ	e RURAL and		
		OR INSTITUTION	TAL (If not in hospital, o 10701 Ro	ockvi	address) Lle Pike		d. street /	ADDRESS 701 Ro	ockvi	lle I	Pike		RESIDENCE ON A FARM?
		NAME OF DECEASED Type or print) S	ister M. (Middle enza– Mar		et Nug	gent	4. DATE OF DEATH	7.5	reh	Doy 16	Year 19 56
	5. 5	Female	White	WIDOWE		D 🔲	July	22,18	389		r) Months	Doys H	UNDER 24 HRS
1	L.	ilun	ON (Give kind of work rking life, even if retired	done 10b.	Nun)Ř INDUS	Al	exand	dria,	votry) Va.	12, CI	USA	VHAT COUNTR
		FATHER'S NAME	John Nug				14. MOTHER'S	S MAIDEN NA	AME		es Bui	ms	- D
	(Yes	ly O	ER IN U. S. ARMED FOR (If yes, give wor or dates of s NO	service)	No	S	isters	at 3	St. Ar	ngela	Hall-		
			ATH [Enter only one ed ATH WAS CAUSED BY: IMMEDIATE CAUSE (d		Tryoza	rd.	il L	arlu	· C			ONSET	AND DEATH
		Canditions, if a	immediate f)	myrra	-d-	1 2	for	from.			4	3 ho
	7	cause (a), stating lying cause last.	the under-	:)	Corona	~	ante	rusi	eliro	20		ر	indef
0	T CER		HER SIGNIFICANT CON							CONDITION	GIVEN IN PAI	P	VAS AUTOPSY ERFORMED? S NO 🔀
		OR CONTRIBUTING	AS UNDERLYING GOVERNMENT AS COURSE OF DEATH AMEDICAL EXAMINER)		CRIBE HOW INJURY O								
		20c. TIME OF INJUI Howr a. jr. p. m,	RY Month, Day, Ye	While	Not while at wark	20e. PLA foc	CE OF INJURY lary, street, offic	(Home, form, e bldg., etc.)	20f. (City o	or lown)	((County)	(State)
		21. I certify the	hat 1 attended the	decease		2 Beath	occurred at	_, to	3/1/4 PM. from	7			the decease
		ACTUAL SIGNATURE	Atophin'	2.	Jmes		A.D. ,			et, city-or tov		3	DATE SIGN
		PHYSICIAN'S NAME (Type)	Stephen					Rockv	ille	ı.d.			
	L,	Burial	<u> </u>	,	lit. Ol					on (City, tow shingt			(Stote)
		funeral director Lobert A	rs signature . Pumphre	v	Bethesda	a i	Id		BY REGISTR		GISTRAR'S SI		Aior



AM





		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	
		3705 CERTIFIC	CATE OF DEATH	03072
	1.	LACE OF DEATH	Reg. Dist. 2. USUAL RESIDENCE (Where degeased lived. If institution Residence	
		COUNTY MARYLAN		at come
		CETY OR TOWN (If outside corporate lights, write RURAL and give negrest lown)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	re necrest town)
M ·	1	Tie come Perk Maryland 26 days	Silver Spring	
	1	I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 2104 H. Ida rosa D - 117	IS RESIDENCE ON A FARM?
	3.	LESS hington Sunitarian + 1705, p. +ce /	tast 4. DATE Manih	Doy Year
		Type or print) Ma Maile, 110, 110, (cchica.	OF	13 1957
	5.	6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER I)	YEAR IF UNDER 24 HRS
	/	The WIDOWED DIVORCED	1 Mate/ 16, 1873 62 you	
,		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	1 . 1	EN OF WHAT COUNTRY
扩	13.	Noted CHICER Vail	14. MOTHER'S MAIDEN NAME	neric:
	1 "	Free in Partella	13. 13	
	15.	an as unknown of the control of the	7, INFORMANT Address	10.17
- 1		(25 - Oci (180 - 1946 YES	IRS. SABINA C. PARTELLO, 2109 HILDAI	ROSE DRIVE
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	+ SILVER SPRING	ONSET AND DEATH A
		PART I. DEATH WAS CAUSED BY The onlysis, C	1. Commy a len	fermin 8
		Conditions, if any, which) the printion or	ermonia lett lune	Lew Days
		gove rise to immediate		June Grands
		lying cause last.	lso phagua	pere at month
***·	Š N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
eib	FICATI	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCU	felf and the line	YES NO [
	CERTIFI	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 ar Port II of item 18.)	
	MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (Cau foctory, street, office bldg., etc.)	unty) (Siate)
	MED	P. m. 19 While at work of wark	tociory, sneet, office blog., e.c.)	
		21. I certify that I attended the deceased from		st saw the decease
		alive on 116-1-13 1256, and that de	oth occurred at 2A) M, from the causes and on the	date stated above
		ACTUAL De la Company de la Desergia	ADDRESS (Street, city or town, stole)	DATE SIGNE
		SIGNATURE	m. 7600 Carroll Ave., Takoma Park	K, Md.
	_	PHYSICIAN'S HENRY E ANDREN	7600 Carroll Ave., Takoma Parl	k, Md.
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER PEMOYAL (Specify) 3/16/56 ARLTNGTON NA	, , , , , , , , , , , , , , , , , , , ,	(State)
		SURTAL 2/10/20 ARLINGTON NA	AT'L. CEMETERY ARLINGTON, VIRGINI 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGN	
	1	Januar to temphrey SILVER SPRIN	IG, MD. DATE 3/15/56	Dodd
			The state of the s	

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MARCIDAND STATE DELARCHEM	TOF HEALTH—BALTIMORE, 18.	3074
3111 CERTIFICATE	E OF DEATH Reg. Dist	L. No. 2/6
1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASE	D.
COUNTY MONTGOMES 4 MARYLAND	STATE D. C. COUNTY	
CITY (If outside corporate limits, write/RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town
OR and give nearest town) (in this place) TOWN Be thes da 5 mo	TOWN TOXXXX WASHINGTON	64 1
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR AHA Vista Rest Nome	S/13-13th 5th	1/ .
		Day) (Year)
DECEASED: (Type or Print) Vessie GARDNER	Reed DEATH: Max.	32 1986
5. SEX 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday! IF UNDER 1	
1 W (Specify) married Jun		Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Homemaker - own home, retired	Washington, D.C.	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Newyy rayandres	Hannahiowin	
18. WAS DECRASED EVER IN U.S. ARMED FORCEST , 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	,
(Yes, no, or unk.) (If tes, give war or dates of service)	my Chaylas O. Reed	water D.C.
18. MEDICAL CERTIFICAT	TION -18th St / W. Washi	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) ARTERIOSCO	Lerotic CARdio VASCULAR	VEARS.
DUE TO	DISERSE	7 7 7 3 .
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY. (B)	2740775	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
)		YES NO Z
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Coun etc., INJURY OCCUR?	ty) (State)
210. TIME (Month) (Day) (Year) (Heur) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY M. While Not while at work at work		
22. I hereby certify that I attended the deceased from Of	19, 1955, to Mer. 23, 1950, that I last	saw the deceased
alive on MAR 23, 1957, and that death occurred at	143 f. M, from the causes and on the date	stated above.
0 1 1/4 0 0 11 3	. D. 8025 ABEADEEN Rd. Bothoda, M.	
23. BURIAL, CREMATION, DATE THEREOF , NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	r county) (State)
Burial 3/26/56 Rockville Uni		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	r Spring, Md.
3-27-56 Bessie M. Thompson	Warner C. Tumphrey	- opining, mu,

VS. A15-10-53

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 2/8

MEDICAL EXAMINER S CER	THE OF DEATH NO.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTH MARYLAND	STATE MICE COUNTY Monta
OR and give nearest/town), TOWN CITY (If outside corporate limits, write RURAL DR STAY (in this place)	CITY (if outside corporate limits write RURAL and give nearest town) OR TOWN Colvelle
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dravilla Rd.	STREET ADDRESS (If rural, give location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Claruce Lee	Clesty 4. DATE (Month) (Day) (Year) OF DEATH 3 - 7 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): 5. Victorial Color of the color	OF BIRTII: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILA COUNTRY?
13. FATHER'S NAME! C. Celody	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of 2/8 3 4 5 70 6)	17. INFORMANT & ADDRESS: Roskytle mil
IS. MEDIC	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) In telural DUE TO	hemontage
Antecedent cause(s)	St. De. Acres
Diseases or conditions, if any, (b))
giving rise to the above cause DUE TO stating underlying cause last	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yee 🛛 No 🗆
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY ⋈ or CONTRIBUTING ☐ OF street, office bldg., etc.	
CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURISED	1 216. HOW DID INJURY OCCUR?
OF INJURY 3-4-56-3.51 PM. While at work at work The state of the	passenger in anti accident
	bed above, held an Autopsy , Inspection , Inquiry , an
and that death resulted from: Natural causes [], Accid	dent 🙀 , Suicide 📋 , Homicide 📋 , Undetermined cause 🖂 CHIEF MEDICAL EXAMINER 🔲 DATE SIGNED
Trank J. Broschart	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, MATE THEREOF NAME OF COMETER REMOVAL (Specify): 1.1926 July X and	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/9/5-6 Zeunels H. Junglary	Long W. Barker, Layten whe me

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

12 A -

. 1			* EMARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03076
عدي ا	*		3706 CERTIFICATE OF DEATH Reg. Dist. No. 223
rector ed with		1.	PLACE OF DEATH G COUNTY MARYLAND MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE b. COUNTY MARYLAND
60	١.,		D CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
should	<u> </u>	/ -	Takoma Park 2/ Clays Silver Springs e. IS RESIDENCE OR INSTITUTION ON A FARM?
in by		2	Washington Sanitarium + Hospital 9110 Bradford Rd. YES NOD
aes 1			(Type or print) William Rhinelander Renuis DEATH March 27 1956
P. G.		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years list birthday) Months Days Hours Min 7. MARRIED DIVORCED 1.28 21 108 3 72 yrs
nd comple n papers. deoth.			Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or fareign country) 12. CITIZEN OF WHAT COUNTRY?
orban fier de		13	1. FATHER'S NAME
physicio		15	William C. Renwick Certrude Sears Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ending p	\mathbf{I})	No. or unknown) (If you give wor or dotes of service) 157-09-5350 Mary Renwick - 5ame
often often of plec of with			PART I. DEATH WAS CAUSED BY: (erebra throm besis with left hemipareis & wife
by the			conditions, if any, which) to Cerebral arteriosclerosis several vear
in on			gove rise to immediate couse (a), stating the under-
sicion been s fronsit		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
ng ph) e has ouriol-	(YES NO
Fendin Ficat the t		AL CERTIF	
his er		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st. While Not while p. m. 19 at work of work 19 at work
hospih After I hed for			21. I certify that I attended the deceased from March 6, 1956, to March 27, 1956, that I last saw the deceased alive on March 27, 1956, and that death occurred at 752 PM, from the causes and on the date stated above
of the detacl			ADDRESS (Street, city or town, stote) DATE SIGNED
DIRECT PRIOR	. /		SIGNATURE Bennet U, Voiley, L, and MO. 9301 Colesville Rd., Silver Spring, Md. March 2]
Se retail		27	NAME (Type) DERINET R. PURITER, UR., M.D. 9301 COLESVILLE RD., SILVER SPRING, MD.
Poge 1		1	BURIAL Specify 3/30/56 Andrew Chapel Cemetery Fairfax County, Virginia
VS A15 (4) 15M 9/55		Z	LOWENT G. Lemphrey, SILVER SPRING, MD. 240. REC'DEV REGISTRAR 286 REGISTRAR 286 REGISTRAR'S SIGNATURE DATE 930/56 DATE 930/56



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WITH
PLAINLY.
WRITE
PLEASE

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	U3077 Reg. Dist.					
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 2- 4					
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:						
COUNTY MONTGOMERY MARYLAND STATE MARYLAND COUNTY MONTGO	OMERY					
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN KENSINGTON LENGTR OF STAY (If outside corporate limits write RURAL and OR KENSINGTON TOWN	give nearest town)					
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,009 FREDERICK AVE. STREET ADDRESS 10,009 FREDERICK AVENUE	,					
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: OF OF DEATH MARCH 16	(Year) 19 56					
5. SEX: 6. COLOR OR WIDOWED, DIVORCED, S. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE MALE MONTHS Day 11/7/96 59 yrs. Months Day						
work done during most of work life, even if retired Administrator Assessors Office STATE LINE, MARYLAND	CUNTRY?					
13. FATHER'S NAME: Of Taxes D. C. GOV't. 14. MOTHER'S MAIDEN NAME: HAROLD RICHARDSON JENORA STONE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17. INFORMANT & ADDRESS: MRS. EVELYN B. RICHARDSON, 10009 F.						
Is. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)						
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH						
19s. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No ☑					
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY 21b. PLACE (Home, farm, factory, office bldg., etc., office	(State)					
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while NUTY M. M. While work ☐ 21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undeterm signature [], Suicide [], Homicide [], Undeterm CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. [] 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county, burial (Specify): 3/19/56 Parklawn Cemetery Montgomery County,	nined cause []. DATE SIGNED 3-/7-12					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-19 56 Transcriptor Warner to Transfer Mary 1.	ADDRESS Spring,					

Z.V U

My second

	MA	KYLANI	STATE DEP	ARIM	ENT OF HEAD	TH-BAI	LTIMORE,	18	-0.30°	78
	4	302	CERT	IFIC/	ATE OF DEA	TH		Reg. Dist.	No. 2/3	-
1. PLACE OF DE	м Montgome	ry	MAR	YLAND	2 USUAL RESIDENCE o STATE Ma	(Where deceosing the control of the	b. COUNTY		before odmission gomery	
b. CITY OR TO RURAL and ROCKVI	OWN (If outside corpord give nearest fown) ITE	te limits, write	c. LENGTH OF STAT	Y IN 1b	e. CITY OR TOWN Bethesda		orote limits, write l	RURAL and give	nearest town)	
d. NAME OF I	HOSPITAL (If not in hospition Rockville	pitol, give stree Pike	t address)		d STREET ADDRESS		venue		e IS RESIDE ON A FA YES N	KRW3
3. NAME OF DECEASED (Type or print)		First W.	Middle T. S	_	RIDDLE	4. DATE OF DEATH	Ma	_	Doy Yes 5 19	r C
sex Male	6. COLOR OR white		RRIED NEVER MARR		8. DATE OF BIRTH Oct. 15, 186	65	9. AGE (In years lost birthday)	Months Do	EAR IF UNDER 2	
100. USUAL OCC during most Farme	UPATION (Give kind of of working life, even if r - Retire)	work done 10	Owner Self-emplo	or indu	STRY 11 BIRTHPLACE (S	ote or foreign			N OF WHAT CO	OUNTRY?
13. FATHER'S NAI					Mary Ja					
	ED EVER IN U. S. ARME	D FORCES? 10	s. social security No		NFORMANT Villiam Bla		Add	Maple	Mo Ave. Bet	
Conditions gove rise couse (o), si lying couse	to immediate total the under-	D BY: USE (o) UE TO (b) UE TO (c)	Respins Cerebral Zenil an	An Am	Failur rombosis	of Can	dia 9	Varley	3 de Frade	lays
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	NT WAS UNDERLYING UTING [] CAUSE OF DOTIFY MEDICAL EXAM	NER}	~	-						
Hour		White	INJURY OCCURRED Not while ork ot work	foc	ACE OF INJURY (Home, in ctory, street, office bldg.,	efc.)	y or town]	(Cour	nty)	(State)
21. I certify that I attended the deceosed from 7/22, 1955, to 3/5, 1956, that I lost sow the deceased alive on 3/4/56, 19, and that death occurred at 2/15PM, from the causes and an the dote stoted above. ACTUAL SIGNATURE APPLIED M.D. Reckley M.D. 3/5/56										
PHYSICIAN'S NAME (Type	Stepher		ones	LTD.		lle,ila	ryland			
Burial (S		-56	Spring		R CREMATORY L Cemeter	_	nehburg	***	(Stote)	
23. FUNERAL DIRE	CTOR'S SIGNATURE A Pumph	rev-B	ADDRESS ethesda M			EC'D BY REGIS		STRAR'S SIGNA		Torp

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1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (130)82
e sæ			3009 CERTIFICATE OF DEATH Reg. Dist. No. 223
irector ed with		1.	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY / b.
PIE			b. CITY OR TOWN (If putride corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (IL ausside corporate limits, write RURAL and give negrest town)
1	ř	•	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
and 2 s		1	Parking Ich Sanifarium of Hospital 10392 Parking Rd. YES NOW
7 - 5			OFTEN BUTTER BUTTER OF BEATH 3 - 18 1956
S. P. V.		5. 9	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last bighday) WIDOWED DIVORCED
comple popers.		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
ion and con carban pop after death		13.	FATHER'S NAME
physicic move c hours o		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
5 5 5 K	13		No Hospital Records
e ottendii en please nt within	題		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONTROL OF COURSE AND DEATH ONSET AND DEATH ONSET AND DEATH
ed by the			Conditions, if any, which) the
			gove rise to immediate couse (a), stating the under-
physician. os been si ial-transii aval, and	^	MOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ber ber	Q	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) YES NO OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTHEY MEDICAL EXAMINER)
os the		CAL CE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
this coor use as		MEDI	Hour a. st. 19 While of work of wark factory, street, office bidg., etc.)
he hosp R: After roched f burial,			21. I certify that I attended the deceased from 1955, to
26.45 5.45 5.45 5.45 5.45 5.45 5.45 5.45	3		ACTUAL Pronis Policy Maria 1200 Lebane St Silver Swing and 3-16
se retained to the second and the second sec	D _D		PHYSICIAN'S BORIS RABKIN M.D.
roy be reta FUNERAL age 3 shou		220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
TO FUN Poge		12	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
VS A15 [4] 15M 9/55		L	lacieup Luneral Ame 3 coll. Aic. DATE 3/18/56. J. Hilliam World
			of the would have the



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital physician. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and camping the filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cerbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

	MA	RYLAND	STATE DEPA	RTM	NENT OF HEALTH—BALTIMORE, 18 03084
		าาก		FICA	ATE OF DEATH Reg. Dist. No. 223
1. PLACE OF o. COUNT		er.y_	MARYI	.AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
, Jak	R TOWN (If oviside corporol and give neorest town)	te limits, write		N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. 47 x - 3
OR INST	OF HOSPITAL (If not in hosp	pital, give street o	Wispita	/	Falkstone Ct., 14th Fair mont St, Au ON A FARMS
3. NAME OF DECEASED (Type or pr	rint) -di	First	mae	5	Lens bery DEATH March > Day Year 19 56
5. SEX		>. WIDOWE			8. DATE OF BIRTH 9 AGE (In years SE UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 8. DATE OF BIRTH 9 AGE (In years 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Min.
He	est of working Jife, even if r	retired) [on Rome		11. BIRTHPLACE (State or foreign country) Baltrinore, M. L. CITIZEN OF WHAT COUNTRY? CF. S. C.,
13. FATHER'S	An Hen	ry S	c Kotta		Emma Platt
15. WAS DECI	EASED EVER IN U. S. ARMEE	D FORCES? 16. S	OCIAL SECURITY NO.	1	askington San we Wespital Records.
Canditi gave e cause (o	ions, if ony, which	BY:	ofor 10), (b), and (c).	/e	Cardiac Failure Interval Between Obset AND DEATH Three days Hemorrhage Four years Disease 3 years
<u> </u>					T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
OR CONT	IDENT WAS UNDERLYING (FRIBUTING CAUSE OF DI R, NOTIFY MEDICAL EXAMI	EATH NER)			D. (Enter nature of injury in Port t or Port II of ilem 38.)
	OF INJURY Month, Day it a. jr. p. m.	y, Year 20d. IN While at work	JURY OCCURRED Not while pt work	20e. PLA foc	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. f co alive o ACTUAL SIGNATU PHYSICIA NAME (T)	1 Poher	the decease 19 ±		death	n occurred at 12/2014 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 7600 Guzzol Give, Takonsu TK, Md 3/24/31
220. BURIAL, OREMOVA BULF 1	CREMATION, 226. DATE TH	HEREOF /1956	22c. NAME OF CEME Rock Cre		Cemetery Washington, D. C. (Stote)
23, FUNERAL	DIRECTOR'S SIGNATURE & H. Hines	Co 290	ADDRESS	t.N.	Work 240 REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE W. D.C. DATE 1/26/36 TO Chair - J. COLL



S'A CATA

THE TOTAL STATE OF THE STATE OF

	MEDICAL I	VAANUUNDR S	CER.	LIFICALL	Or _	DEATH	No. 4 / 6
	1. PLACE OF DEATH:			2. USUAL RESIDENCE	(HOME)	OF DECEASED:	
, Y	COUNTY Marty	nery MARYL	AND	STATE had	COT	INTY hlowes	7
orgar.	CITY (If outside corporate lin OR and give nearest town) TOWN	a (in th	OF STAY	CITY (If outside cor OR TOWN	porate lim	its write RURAL and	give nearest town)
y and	HOSPITAL OR STREET ADDRESS 920	& Kennylm Ri		STREET ADDRESS 6/200		rural, give location)	
clear	8. NAME OF (First DECEASED: (Type or Print)	me & Beit	Stev	(Last)	4. DATE OF DEATH	(Month) (May	(Year)
mean	5. SEX: 6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify):	D. Seft	19 - 89	72	yrs. Months D	YEAR IF UNDER 24 HRS. Ays Hours Min.
TO A	work done during most of even if retired):	work life. INDUSTRY:		II. BIRTHPLACE (State or f	oreign country): 12	CITIZEN OF WITAT COUNTRY?
CHUS	13. FATHER'S NAME:	cost		14. MOTHER'S MAIDE	- A /	Cock	
re the	(Yes, no, or unk.) (If Yes, give w	ARMED FORCES ? 16. SOCIAL SECURIVES OF dates of	RITY No.:	7. INFORMANT & ADD	RESS: 4	yor Hander	. ,
please wr	I. DISEASES OR CONDITIONS	DIRECTLY LEADING TO DEA	ATH:	L CERTIFICATION	elin 1		Interval Between Onset and Death 2. Oct. 190
sicians:	Antecedent cause(s) Diseases or conditions, if an giving rise to the above cau stating underlying cause is	DUE TO TESTELLE	tion.		* ***		5 ph
r. Fny	II, OTHER SIGNIFICANT CON TO THE DEATH BUT N DISEASE OR CONDITION	OT RELATED TO THE IN	metif	Le Myelon	·		3 4m
portan	19s. DATE OF OPERATION:	19b. MAJOR FINDING OF OPE	ERATION				20. AUTOPSY?
dui /	21s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTI CAUSE OF DEATH.		ce bldg., etc.,			(County)	(State)
cially	21d, TIME (Month) (Day) (Ye OF INJURY	M. While at work	Not while at work	21f. HOW DID INJU			
e 18 espe		I took charge of the rema		ent [], Suicide [], CHIEF M DEPUTY	Homic EDICAL MEDICAL		
ර්.0 න්	REMOVAIr (Specify) :/	3-22-54 52	CHETERY	OR CREMATORY	LOCATIO	N (City, town or co	ounty) (State)
	DATE REC'D BY LOCAL H	REGISTRAR'S SIGNATURE —	7	24. FUNERAL DIREC	TOK	11 11	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct A15A - 5 - 53

MARGIN RESERVED FOR BINDING



4 05		3118 CERTIFICA	ATE OF DEATH	13028 L
. Page director filed wit	7	PLACE OF DEATH O COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE PAY 4/4nd	b. COUNTY Mon Toromeve
funeral		b. CITY OR TOWN (If outside corporate limits frite RURAL and give nearest lown) 1. The 5da 5day5	c. CITY OR TOWN (If outside corporate to	mils, write RURAL and give nearest town)
ours offer in by the ind 2 sho		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Subur Dan	d. STREET ADDRESS BOX 6	6. IS RESIDENCE ON A FARM? YES NO
in 24 ho	3	NAME OF DECEASED (Type or print) SEX 16. COLOR OR RACE 7. MADDIED TO NEVER ASSOCIATION OF THE PROPERTY OF THE	Stields 4. DATE OF DEATH	March 10 1956
nples, Poers. Po		Female Colored WIDOWED DIVORCED	Ulugust 26 1700 2	GE (In years it burthday) Months Days Hours Min.
and can	1	du USUAL OCCUPATION (Give kind of work done during most of working life, exer if relired) TO SE 105. KIND OF BUSINESS OR INDUSTRIAN TO SERVICE OF BUSINESS OR	maryland	12 CITIZEN OF WHAT COUNTRY
physician move cark haurs afte		Edward Cooper	14. MOTHER'S MAIDEN NAME HOPEMANT	car
of the certification of the ce		4s. no. or unknown) [[If yes, give wor or dates of service)]	John Wenry Stiel	ds Bothesde Md.
the dea ne atten hen plea ant with		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	· Decompose	INTERVAL BETWEEN ONSET AND DEATH
ed by H		Conditions, if any, which gove rise to immediate (b)	an Heart free	10 yr.
cian. en signe ansit per		Couse (a), stating the under- lying couse fast. (c) PARE II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT DELL'ATTE TO THE TOWN	
The laying physical p	0.64	Rt (freumo-pyo-thorox	2. (Enter nature of injury in Part I or Part II of	YES NO
endin eficats as the b	21A840 10	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE OF INJURY (Home, farm, 20f. (City or to	
G PHYS	100	Hour a. ft. p. fm. 19 While Not while of work of work	tory, street, office bldg(1 etc.)	H
TENDIN the has DR: Afte stoched burial,		21. I conify that I attended the decease from 19 and that death	occurred atM, franch	, 19,that it last saw the deceased causes and an the date stated above
OR AT		SIGNATURE WEBLAST TO THE SIGNATURE	104 Chew	TONE R. 3 PATE 15
SPITAL be reloi VERAL 3 shoul	2	PHYSICIAN'S NAME (Typo) BURIAL, CREMATION, 226. DATE CHEREOF 22c. NAME OF CEMETERY OF	MD CHELL IN	City, fown, or county) (State)
TO HO moy TO FUI poge the re		BUT 18 3/15/56 Arlington FINGERAL DIEGOR SIGNATURE ADDRESS	270.4	City, fown, or county) (Stote) ton Va 24b. REGISTRAR'S SIGNATURE
■ ■15 (4) 15M 9/55		Hart Hunden Rockville,		Bessie M. Hompson

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 4 91 RAW.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital of adding physician. TO FUNERAL DIRECTOR: After this conficute has been signed by the attending physician and camples the first this page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. Ĭ

VS A15 (4) 15M 9/5\$

		MA	ARYLA	ND STA	ATE DEPA	RTM	ENT OF H	EALTH	-BAL	TIMORE, 1	18	130	PRI	
			3119	9	CERTI	FIC.	ATE OF D	EATH	ı				21	7
	LACE OF DEATH	Montgom	nery		MARY	LAND		PENCE (Who		d lived If instituti b. COUNTY	ion, Reside	nce befa		
1	CITY OR TOWN	(If outside corpor nearest town)	rate límits, w		ngth of stay		1	dhool		rale limits, write f	URAL and	give nec	arest tawn)
M	d. NAME OF HOSPI OR HINSTITUTION	ry Coun	ty G	itreet addres eners	l Hosp	. In	d. STREET A	DDRESS						DENCE FARM? NO
- 1	NAME OF DECEASED (Type or print)		First Emm		Middle		Shiple		4. DATE OF DEATH	Marc		1	ty	^{(eor} 56
5. \$	Female	& color or Whit	0	MARRIED [NEVER MARRI DIVORCE		8. DATE OF BIRTH	3/74		9. AGE (In years lost birthday)	Manths Manths	Days	IF UNDE Hours	R 24 HRS. Min.
S	usual occupate during most of wo chooltes	rking life, even if	f work dane retired)	106. KIND	HOOL	R INDU		lary l	end	ountry)	12. CI		F WHAT	COUNTRY
13.	FATHER'S NAME	Olive	er C.	Ship	ley		14. MOTHER'S			Shipley				
15. [Yes	WAS DECEASED EV	ER IN U. S. ARM Itf yes, give war or 			NE CURITY NO	17, 1	Hospit	al R	ecor	Add	ress			
		ATH WAS CAUSE IMMEDIATE CO	ED BY:	U	remin							INT	ERVAL BET	DEATH
	Canditions, if gave rise to	Canditions, if any, which gave rise to immediate total (a), stating the under- ying cause last. Due to							1	03	CNZ			
CERTIFICETION			NT CONDITION							E CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	NO Z
	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)						D. (Enler nature o							
MED CAL	20c. TIME OF INJU Hour a.m. p. m.	RY Month, Di	, N	While	OCCURRED Not while at work	20e. PL fo	ACE OF INJURY II	bldg., etc.				[County]		(State)
	21. I certify to alive on	hat I attended to the Charle	16.	1956 Wh	17		occurred at.	4:001	M, from	n the causes of treet, city ar town, rksvill	and an i	he da	te state	deceased d abave TE SIGNED
220	BURIAL CREMATION REMOVAL (Specify	ON, 226. DATE	THEREOF	22c.	NAME OF CEM	ETERY O	R GREMATORY		22d. LOCA	TION (City, tawn,	or county)		(State)
23. A	FUNERAL DIRECTO	R'S SIGNATURE	aish	1-0	ADDRESS Les Alex	idl	e meli	24a. REC'D	BY REGIST	RAR 24b, REGI	strar's's	GNATUI	Lan	rles

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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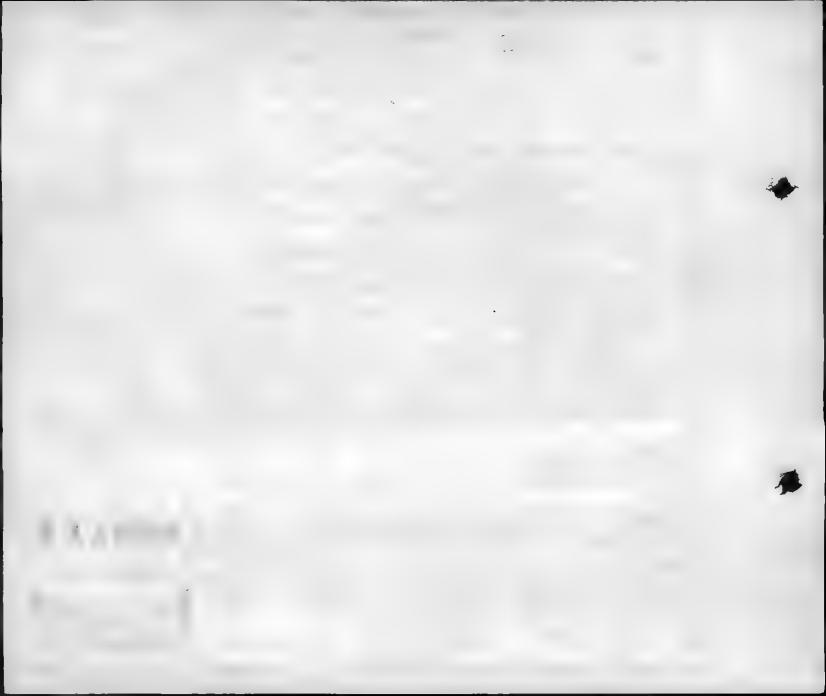
CERTIFICATE OF DEATH

Reg. Dist. No. 215

	PLACE OF DEATH O COUNTY MON	TGOMERY		MAR	YLAND	O. STATE	DENCE (WH		d lived. If instit.		nce before ad	mission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and a ve negrest town) Bethesda, Maryland 20 Minutes					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington						lown)
	OR INSTITUTION U.S. NAVAL	HOSPITAL,	BETT	oddress) IESDA, MD		d. STREET / 4316	Burns	St.,	S.E.		0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Mary	ıŧ	Olge		SL:		4. DATE OF DEATH	2.0	onth	18	Year 19 56
	emale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARR	<u> </u>	B. DATE OF BIRT 20 July			9 AGE (In year lost birthday) 67 yr	Months	Doys Ho	
	during most of work Housewife FATHER'S NAME	N (Give kind of work oing life, even if retired		KIND OF BUSINESS O	OR INDU	Wasi	ningto	n, D.		12. CI	TIZEN OF WI	HAT COUNTRY?
						14. MOTHER'S			^			
	Unknown WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. (NFORMANT	nces G	LUNGE	-	dress WB S	hingto	n. D.C.
- IYa		NO	rvica)	jnknown			er C.	SLYE,	4316 Bu		_	
		mediate Que TO	111	rtiriose	lers	dufare tie L	ton	, ac	ish		ONSET A	A LIVERN NO DEATH
CERTIFICATION	20a ACCIDENT WA	ER SIGNIFICANT CON		CRIBE HOW INJURY O						IVEN IN PAI	PE	AS AUTOPSY RFORMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)							,			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Day, Yes	While	NJURY OCCURRED		ACE OF INJURY (story, street, office			or town)	(County)	(Stote)
	21. I certify the olive on 18	ot lattended the March	deceas _, 19_2	ed from 8 Mar 66 , and that	ch deoth	occurred at	5:20a	M, from	n the couses treet, city or town	ond on t	he dote st	DATE SIGNED
	PHYSICIAN'S NAME (Type)	ALTER L. BI	ANKE	NBAKER. LI	USN UG.M							3-18-56
22c		19 March	F	22c. NAME OF CEN	ETERY O	R CREMATORY		22d. LOCA	ION (City, town,			Stote)
_	FUNERAL DIRECTORS	SIGNATURE	a C		ingt	on,D.C.	24a. REC'			GISTRAR'S SH		relle



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03094

3912 CERTIFICATE OF DEATH

Reg. Dist. No. 22

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY MONTGOMERY MARYLAND	STATE D.C. COUNTY	
		CITY (If outside corporate fimils, write RURAL and give nearest to	iwn)
	CITY (If outside corporate limits, write RURAL OR and give near-est fown) TOWN TAKOMA PARK LENGTH OF STAY (In this place) May 7, 1953	TOWN WASHINGTON	311
	HOSPITAL OR	STREET	, X
	INSTITUTION OR 537 AT DAMY AVENUE	ADDRESS BELLEVUE HOTEL	
	· STREET ADDRESS 517 ALBANY AVENUE HOME	15 E STREET, N.W.	
	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATÉ (Month) (Day	(Year)
	(Type or Print) LAURA F STAI	LNAKER DEATH 3 4	- 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE feel birthday IF UNDER 1 YEA	AR IF UNDER 24 HRS.
	FEMALE WATTE (Specify) SINGLE OCT. 2	9, 1859 96 yrs. Months Day	rs Hours Min.
			TIZEN OF WHAT
	dona during most of working life, avan it OR NDUSTRY U.S. Government	OART AND MADUT AND	DUNTRY?
/		3.	S. A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	ISAAC WHITE STALNAKER	HARRIET TALBOTT	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
	(Yas, no, or unk.) (If Yes, give wer or detes of service) NONE	DR. ELIZABETH STANNAKER, MORGA	מזר עם דמשריינינג א
Í	NOME		NTERVAL BETWEEN
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET, AND DEATH
	/ IMMEDIATE CAUSE IAI COLORALY TO	Windstall	1 km
	DISEASES OR CONDITIONS, IF ANY, (8)	oro zes W	aun word
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		13
	(C)		10
	TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2			YES NO
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, lactory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic, WHERE DID INJURY OCCUR? (City or town) (County)	(State)
		TIL HOW DID INJURY OCCUR?	
-	M. st work st work		
	22. I hereby certify that I attended the deceased from 31.28 45	-70- to 3 3 - 5 6 10 that I last	saw the deceased
1			
÷	SIGNATURE	ADDRESS (Streat, city, town, slete)	DATE SIGNED
200	Elina B Calib	= E SL 11 11 Val 1= DC n	14/5/
100	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City) town, or county)	(State)
2	REMOVAL (SPECIFY)		******
3		ETERY GRAFTON, TAYLOR CO	
	24. REC'D BY REGISTRAR REGISTRARY SYGNAYURE	25. FUNERAL DIRECTOR'S SIGNATURE 8434 GO	orgia Ave

's 'A and the

9961 31 2.

WARES!

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH
1 25	Reg. Dist. No. 2/6
Wil wil	1. PLACE OF DEATH a. COUNTY M
	Maryland Maryland Montgomery
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RUBAL and give negrest fown)
I LEST A	Dethesaa 110 hours Chevy Chase
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suburban Hosp. d. STREET ADDRESS H309 Stanford St VES NO DE
, <u></u>	3. NAME OF . First Middle Last 4. DATE Month Day Year
es les	(Type or print) Julia Mary Stevens DEATH March 30 1956
	S. SEX , 6. COLOR OR RACE 7. MARRIED NEVEL MARRIED B. DATE OF BIRTH , 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.
rs.	TOTALE MUNITE MIDOWED DIVORCED DIVINE & 3, 10 11 8 415
A Special	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
executed the part of the part	Housewite I Maryland U.S.A.
carbo carbo offer	13. FATHER'S NAME
physicion maye ca hours of	John Sheckels Agnes Sheckles
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If you, no. or unknown) (If you, give wor or defeat of service)
nding nding sase re hin 72	Jon-Jackson Dievens - above
tend plea vithi	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
nat v	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gruta hulmonary lower Strand DEATH-
	DUE TO
and Tariet St.	gove rise to immediate (b) Types and Carolism Reilay chales 15 years
P CO L	couse (a), stating the <u>under</u> DUE TO
on sit	PART 13 OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
s be show	PERFORMED?
ng P ouricemo	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture Chinjury in Port for Port III of item 18.)
he he he	20g. ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Enter noture Chinjury in Port for Fort II of item 18.) Land Section 18.)
S e	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
mat be	Hour a. n. While Not while factory, street, office bldg., etc.) P. m. 19 of work of work
p id a p	21 4 mark that are 1 11 11 11 11 11 11 11 11 11 11 11 11
S A P S S S S S S S S S S S S S S S S S	alive on 1256, and hat death occurred at 1:35 PM, from the causes and on the date stated above.
	ADDRESS (Street, city or lown, stote) DATE SIGNED
(A)	SIGNATURE Poblet 4. Corale M.D. 4630 houtcommen and. March 3/195
Pid Dia	TIZ DI AA
ERAL DI	NAME (Type) ROBERT N. COALE (Jallanda) Md.
	22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
De of	BURLAL 4/3/1956 ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA
- J-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
YS A15 (4) 15M 9/S5	MARTIN W. HYSONG COMPANY 1300 N. STREET. N. W. DATE 4-2-56 Bessie M. Shompson
	MASCIENCE DE L'ACTION DE L'ACT

BUREAU V. S.

3261 ₽ A9A

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03096

3125	CERTIFICATE	OF	DEATH
$U \mid L \mid 1$			

D	Dist.	BT.
n.er.	DIST.	TAI OF

	0170	100, 1100	1101					
ľy.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	4					
and legibl	COUNTY MATTERMERY MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	STATE Nd. COUNTY MON CITY(If outside corporate limits, write RURAL at OR TOWN SILVER SPRING	TEOMERY nd give nearest town)					
>	HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 SCHENYLER Rd	STREET (If rural give location) ADDRESS 517 SCHUYLER						
death cleari	OECEASED: (Type or Print) ALEX M. 57	(Last) 4. DATE (Month) (E OF DEATH: MAR,	(Year) 7 1956.					
of	M RACE: WIDOWED DIVORCED. APR	12 4, 1880 12 yrs.	Ays Hours Min.					
causes	work done during most of working life, even if retired further than the control of the control o	WESTVILLE, MICTOE, N.S.	U. S.A.					
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:						
ite	WILLIAM OTEWART 18. WAR DECEMBED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	- 7/					
ease write		14 271	EX SPRING, Nd.					
ea	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN					
ă	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2	ONSET AND DEATH					
180	IMMEDIATE CAUSE (A)Cara	leac. Jailure	2 weeks					
Cia.	ANTECEDENT CAUSE (S)	algel arterio Scheroses	745 114 -					
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) VIULU DUE TO	alget UMINO Schools	10 years					
<u>.</u>	(C)							
mportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	uno corrioses						
ďu	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?					
y, ir			YES NO					
especiall	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (City or town) (County) (State)							
is est	OF INJURY M. Zie INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?						
age	22. I hereby certify that I attended the deceased from any							
	alive on January 3, 1956, and that death occurred at	824 ADDRESS	tated above. E SIGNED					
correct		ERY OF CREMATORY LOCATION (City, town, or	county) / (State)					
	Bremoval (SPECIFY) March 21, 1956 Morning side		Lie I Go. Pa					
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Archur Johnson 254 Carlo	DOORSE NW.					

a A MATTI

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b. COUNTY** c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO D Year MARCH 19.5% IF UNDER I YEAR IF UNDER 24 HRS 9 AGE (In years last birthday) Months 12. CITIZEN OF WHAT COUNTRY FINLEY Address SAME AS AR INTERVAL BETWEEN ONSET AND DEATH -11024 LV PERFORMED? YES NO P (County) (State) 1955 to March 16, 1956that I last saw the deceased and that death accurred at 1010 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d LOCATION (City town, or county) (State) PITTSBURG. MEM. PENNSYLVANIA 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

careta

700

DATE 3

0

FUNERAL DIRECTOR'S SIGNATURE

S.VI.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. N 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE New York a. COUNTY b COUNTY Montgomery MARYLAND b. C.TY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give neasest town Bethesda (Rural) 1 vr. 11 mos Staten Island d. STREET ADDRESS d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION 1630 Castleton Ave. U.S. Naval Hospital, NNMC YES INO IN NAME OF Middle test 4. DATE Year DECEASED OF DEATH 1956 March SULLIVAN (Type or print) Cornelius Joseph IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B DATE OF BIRTH AGE (In years lost birthday) Months Days March 6, 1906 White WIDOWED IT DIVORCED [7] 50 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Mariner (Retired) MS New York Mariner ofter .13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion Barbara O'SULLIVAN Dennis S. SULLIVAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Staten Aleland. New York. 16 SOCIAL SECURITY NO 1630 Castleton Ave., Mr. Dennis SULLIVAN. WW-II Unknown ves 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)-] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Lateral Sclerosis Conditions, if any, which gove rise to immediate **DUE TO** coffse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.) While a. m. Not while at work at work to 27 March 21. I certify that I attended the deceased from 20 April 19.56 that I last saw the deceased olive on 27 March and that death occurred at 5:16A M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL U.S. Naval Hospital, Bethesda, Md. SIGNATURE v PHYSICIAN'S U.S. Naval Hospital, Bethesda, Md. FUNERAL Le Roy E. KURTH. LT. MC. USN NAME (Type) 270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Arlington. Virginia March 1956 Alrington Nat'l Cemetery ADDRESSBethesda. Md. 23 FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE 3-27-56 7557 Wisconsin Ave.,

The second

	MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 1	8
	3013 CERTIFIC	ATE OF DEATH	Reg. Dist. No. 223
	PLACE OF DEATH a. COUNTY Montermery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE ARY And b. COUNTY	Monte, sneri
1.1	b. CITY OR TOWN (If autitide corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN If autside carporate limits, write R	
6	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1 - hing ten Santarium & N. sp. tal	d STREET ADDRESS 15-23 East Falkland	Lane VESTI NO TI
	NAME OF DECEASED (Type or print) Arthur Francis	tost 4 DATE Mon OF DEATH Mar	/
5.	Male Cour OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 9. AGE (In years lost by day) 71LY. 19% 1876	Months Days Hours Min.
100	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working I fe, even if retired) HOT L MANAGER — RETTRED	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME Charles Taylor	14. MOTHER'S MAIDEN NAME Alice Thomas	
1\$. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	HERMANT Addi	ess
	18. CAUSE OF DEATH [Enter only one cause per line for (a)_(b), ond (c)_] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause (a), stating the under-lying cause last. [b] DUE TO [c]	terio pelerosis	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL		EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	OF CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. F While Not while at work at work	LACE OF INJURY (Home, form, 20f (City or lawn) actory, street, affice bidg., etc.)	(County) (State)
	21. I certify that I attended the deceased from alive on 19 and that deat actual signature of the physician's Backet Ball Ball		That I last saw the deceased and on the date stated above DATE SIGNED 23 159 r Spring, Md.
22c	BENDYAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF T. LINGOLN		r county) (State)
	FUNERAL DIRECTOR'S SIGNATURE // / ADDRESS	Solver 24g. REC'D BY-REGISTRAR 24b: REGIS	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

15M 9/SS

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) **b. COUNTY** MONTGOMERY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Month Year 77 56 19 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days 12. CITIZEN OF WHAT COUNTRY? U. S. A. GROVE. Address MRS. BLANCHE K. TEEPE. 105 GROVE ST. WASHINGTON INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 🕰 (County) (Stote) hat | last saw the deceased and that death accurred at ______M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, or county) (Stote) D. C. 24b. REGISTRAR'S SIGNATURE

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1 /		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
1 -	-	3129 8,9,Film CERTIFICATE OF DEATH	
· ·		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived. If institution Residence before admission)	
Fled in	1	. COUNTY MONTGOMERY MARYLAND O. STATE MONIGON BOUNTY MONTGOMERY	
be 5	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	
shauld l		Bellesta /WRS SIAMSURILE	
1 2 × 2 ×		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION . e. IS RES DENCE ON A FARM VESTILIA OF THE SOLITOR ON A FARM VESTILIA OF TH	47
and bus	7	NAME OF First Middle fort A DATE Month D	<u></u>
5 - 5		OFCEASED (Type or print) TONES LUTTER THOMASON DEATH 3 195	56-
Pog		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH -9] 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24)	HRS.
plet.		TIGIE COLCRED WIDOWED DIVORCED DIVORDINA DIVORCED DIVORCE	in
shysician and cample mave carbon papers. haurs after death.	. 1	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COU	NTRY?
and bon a	إذا	S. FATHER'S MAME [14. MOTHER'S MAIDENINAME]	
s of	-//	allerd Thompson Mary	
physician a smave carbo havrs after		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
m 2 54	1	12/8-100 100 Signis late (ME).	
1 + 0.5		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH	N H
he at hen l		IMMEDIATE CAUSE (o)	
by 1		Conditions, if ony, which) (Identicascensored univariate of gell)	
jned b bermit. in any		gave rise to immediate couse (a), stoting the under DUE TO Chronic / Zelleary oto fucction,	_
ician. een sig ansit p		lying couse last. (c) H20 T2M 14.	
bee l-tra		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOI PERFORMED YES NO NOT NOT NOT NOT NOT NOT NOT NOT NOT	?
ng pl		YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port Lor Part II of item 18.)	R.
the the transfer of the transf		OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	
i o i			ale)
this car use cremati		Hour a. fz. p. m. 19 While of work of wark	
of fer of of of the office of		21. I certify that I attended the deceased fram 1-16-, 1956, to 3-1-, 1956, that I last saw the dece	
the I		alive on 3-1-19, and that death accurred at 8 / P.M. fram the causes and an the date stated at ADDRESS (Street, city or town, state) DATE SI	
or to		ACTUAL SIGNATURE ACCURATE ALCOHOM ATTENDED ACTUAL	GNED
DIR DIR Pri		BLIVELPIAAN	
ve retai NERAL C 3 shaul gistror		NAME (Type) 4/N/WOLD IT, VOITNSON VR. Md.	
may b FUNI Poge 3		20. BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	- A/
5 5 5 E		B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNAPORE 240. REC'D BY REGISTRAR'S SIGNAPORE	0./
VS A15 (4) 15M 9/55		Charles F. Hicks Fred, Nd. on Mar 6 1956 Besser Thompson	1
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MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03103 3714 CERTIFICATE OF DEATH Reg. Dist. No. 2

		tecg. Dist.	140.2
	1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY MONT GOME RY MARYLAND	STATE MANULAND COUNT	MONT.
2	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	
2	OR and give nearest town) TOWN TAKOMA PARK- [in this place] 5 475.	TOWN TAKOMA PARK.	
!	HOSPITAL OR OLVU AVEAL COALVA HAME	STREET (If rural give location)	
3	INSTITUTION OR DAY HAVEN CONVAL. HOME	ADDRESS SIT ALBANY AVE.	
	Brown 1 1/12.		
3	3. NAME OF DECEASED: (Middle) DECEASED: (Type or Print) LOUISA GREEN THOME	(Last) 4. DATE (Month) (Day)	(Year)
		OF BIRTH: 9. AGE last birthday: If UNDER I YE	AR IP UNDER 24 HRS.
3	RACE: WIDOWED DIVORCED	C 18/00 95 yrs. Months Day	ys Hours Min.
5	TE WH. (Specify): W.D. JUNE 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF	R 11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
1	work done during most of working life. INDUSTRY:		OUNTRY?
31	even if retired): #Swf-	114. MOTHER'S MAIDEN NAME:	73.1
3 3	THOMAS MARSHALL	HENRIFTTA LYLES.	
2		INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of	Records: Oakhaven.	
101	No service) 18. MEDICAL CERTIFICATI		<u> </u>
\$	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
10/	Promo ha sine	emonia, bilateral	4 days
hie	Immediate cause (a) U	XINO.II.C.	020-50
	Antecedent causes (s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	• • •	•
212			
113	11. OTHER SIGNIFICANT CONDITIONS	i's semantial severe	140 a b C
4	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. The DATE OF OPERATION.	stis, generalizea, severci	years.
E III	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
	None	ACTION (I	Yes No No TATE)
dun	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.)	t. (CITY OR TOWN) (COUNTY) (S'	1A1£)
<u>`</u>	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
	1NJURY m. Work At Work		
Spel	22. I hereby certify that I attended the deceased from Feb 21	2.,19.56, to Mar 1, 19 1.9, that I last:	saw the deceased
ű	alive on Mar 1, 19,56, and that death occurred at .	& P.M , from the causes and on the date s	tated above.
F)	Cullian J. Sunbon, m.C.	6216 N.H. are N.E.	3/1/17
95 95 14		CRY OR CREMATORY LOCATION (City, town, or cot	inty) (State) -
	REMOVAL (Specify) 3/5/56 Oak Hill Come		
	MATE REC'D BY LOCAL MEXISTRANS SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	THE ISSUE TO THE POTAL	Ylavyen & Fumphused Silver	Spring, Md.

POURTAU V. S.

7 AAM

DECE 1

VS A15 (4) 15M 9/55

03103

Reg. Dist. No.

ŀ	dural-Roc	kville		life	2	Rurhl	- Roc	kvilee		X			
	d. NAME OF HOSPITA	AL (If not in hospital,	give street	oddress)		d STREET	ADDRESS			1		S RESIDENCE	
•	Rt. 240					Rt. 24	0					ON A FARM? ES 🔲 NO 🏾	
3.	NAME OF		irst		Middle	Lo	sŧ	4. DATE	Mor	th	Day	Yeor	=-
	(Type or print)	AMES	P.	B.		VEIRS	3	OF DEATH	Mch 7	,		19 5	6
5. 3	SEX	6. COLOR OR RACE	7. MARE	RIED NEV	ER MARRIED				AGE (In years lost_birthday)			UNDER 24 H	
	[ale	White_	WIDOWI		DIVORCED				90 yr.	Months I	Tys H	ours Min	
10a	during most of work	N (Give kind of worl					LACE (Stote	or foreign co	untry)	12 CITE	EN OF W	HAT COUN	TRY
	Ret. Fari	ner	Fa	rming	g-Owne	r Mar	yland			Ţ	JSA		
	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
V	Villiam A.	Veirs				Re	becca	a Thon	nas Bia	ys			
	WAS DECEASED EVER	IN U. S. ARMED FO	service1	SOCIAL SEC	URITY NO. 17	. INFORMANT			Add	rest			
N			I	lone		Julian M.	Whit	ing-Be	ethesda,	Mary	yland	1	
	18. CAUSE OF DEAT	TH [Enter only one	ouse per lie	ne for (o), (b), ond (c).]						INTERV	AL BETWEEN	
	PART I. DEAT	H WAS CAUSED BY:	io)	CEK	EBRAI	ANOS	cia				ONSEI	AND DEATH	1
	332X	DUE T											
	Conditions, if an	y, which]	(b)	Cere	brul	Thron	Nos	iei			/	week	
	gove rise to im couse (o), stating t	nmediote (^		4 .	4 /							
	lying couse lost.	ne <u>Under-</u>	(c)	Zene	ulzis	d arte	reos	clive	-		ス	defin	il
ŏ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS												SY.
Y												ERFORMED?	_
TIEK	20a. ACCIDENT WAS	UNDERLYING []	20b. DES	CRIBE HOW	INJURY OCCUI	RRED. (Enter nature o	of injury in I	Port I or Port	II of item 18.)				
Ü	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	LI CAUSE OF DEATH MEDICAL EXAMINER)	'										
3	20c. TIME OF INJURY	Month, Day, Y	oor 20d. It	NJURY OCCU	RRED 20e.	PLACE OF INJURY	Home, form	20f. (City	or town)	ICo	ounty)	(Sto	10)
MEDI	Hour a. n. p. m.	19	While of wor	Not wh		factory, street, offic	e bldg., etc.)		·		·	
		-4.144			4	1 205	2	7/7	1	7			
	21. I certify the	- 1- 1 -	~		(/	19.5		/ '				the deced	
	alive on	-chf-h-f-h.	<u>(z., 19_</u>	, a	na that dea	oth occurred at			the causes of set, city or town,		e date :	stated abo DATE SIG	
	ACTUAL .	Arsh	2	0		,	Roch		_	вточеј	.3	15/1	MED.
	SIGNATURE V	1		In	Lan				mol			f	6
	PHYSICIAN'S S	tephen N.	Jone	is- Ro	ckville	, Maryla	nd		3/8	3/56			
220	BURIAL, CREMATION REMOVAL (Specify) UTIAL	4, 22b. DATE THERE	OF	22c. NAME	OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town,	or county)		(Stole)	
B	urial	3-10-56	3	Rock	ville U	nion		Rock	ville, M	d.			
	FUNERAL DIRECTOR'S			ADDRE			24a. REC'I	D BY REGISTS		TRAR'S SIGI	ATURE	/ Y	
K	obert A.	Pumphre	/-Bet	hesda,	, Md.		DATE 3	19/54	Lau	ull 2	4,15	rages	4
													-1-

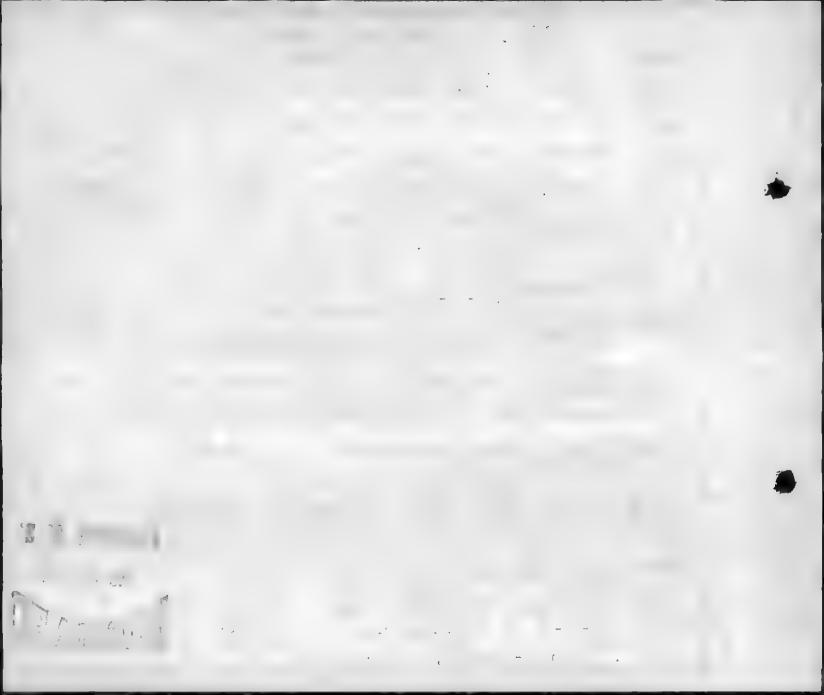
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3131 CERTIFICATE OF DEATH

-03104

	Reg. Dist. No. OCC (2)
PLACE OF DEATH 6. COUNTY // /	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE do. D. COLINTY (Co.)
MARYLANE MARYLANE	o. STATE Maryland b. COUNTY Montameria
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 11	
RURAL and give neatest town)	
BAThesda 2mo.	18nsington
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RES.DENCE ON A FARM?
5 Subur hon	4001 Flacks YES NOT
NAME OF FIRST MINUTES	
DECEASED	Last 4. DATE Month Day Year OF DEATH March 211 1057
(Type or print) L, VGin, a -ec	CC CI G // FV (/ / / / / / / / / / / / / / / / / /
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. 68t birthday) Machini Page Hours Min.
Temple Wife & WIDOWED DIVORCED	5-7-87 68 birthday) Manths Pays Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
Housework Housewife	Virginia Ushi
FATHER'S NAME	14. MOTHER'S MATDEN NAME
Charles Flored	Mrs. A Lie
riaries i leicher	Illary C. Wines
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. et. (80-or unknown) (if yes, give wer or dates of service) 990-24-8090	INFORMANT Address Dullen Aug
at. NO (If yes, give wor or dates of service) 220-34-8929	atherine Cible
IN CAUSE OF DEATH CELL	AFASIASIAS TRA
18. CAUSE OF DEATH {Enter only one couse per line for (a), (it), and (c),	IN ERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	WILLY CAM A . LO JULIA
DUE TO	
Conditions, if any, which gove rise to immediate	
couse (o), stating the under-	
lying couse lost.	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	PERFORMED?
	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH IT EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote
Hour o. ft. While Not while	factory, street, office bides etc.)
p. m. 19 of work of work	
21. I certify, that I attended the deceased from	10 10 20 10 WAN ON 10 Dibat I lost sow the classes
The state of the s	19 that I last saw the deceas
alive on 10 10, and that dec	th occurred atM, from the causes and on the date stated abo
	ADDRESS (Street, city or town, state) DATE SIGN
SIGNATURE SIGNATURE	" 104 Chould Chyse Hully 312
PHYSICIAN'S CTC ON AT CO OT	DAS MANUALVILLOW MX
NAME (Type) DIEDIAE ALI GRAFIE	R. M. J. LAPPY Y WASKY
O. BURIAL, CREMATION, TAL. DATE THE EOF 22. NAME OF CEMETERY	
O. BURIAL, CREMATION, TO DATE THE FOF 228. NAME OF CEMETERY	OR CREMATORY 22d. CLATION (City, lown, or county). (State)
DELLOVAL (Specify)	(More)
Burial (Specify) 3-27-56 Rockville U	nion Rockville, Maryland
DEMONAL (Specific)	nion Rockville, Maryland



	MAKTLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
	3132 CERTIFIC	CATE OF DEATH Reg. Dist. No.
	PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 5. STATE Harvland Flontgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
X	Chevy Chase	Chevy Chase X
50	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION 3311 Winnett Road	d. STREET ADDRESS A. STREET ADDRESS A. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF First Middle	Last A. DATE Month Day Year
	OECEASED (Type or print) ALBERTA G.	WALLACE DEATH March 14.1956 19
	5. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
1 1	Female White WIDOWED DIVORCED	14/29/97 58 m. (10) 15' """
	Plan. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
1	Housewife Own Home	Maine USA
	James M. Greanev	Emma Grant
		INFORMANT Address
н	No None W	William Wallace-Item# 2
	18. CAUSE OF DEATH [Enter only one cause per live or (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING PERFORMED? YES NO P	
		RED. (Enter nature of injury in Part I or Part II of item 18.)
	Aur c. ft. White Not white	PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, affice bldg., etc.)
	p. m. 19 at wark at work	
	21. I certify that I attended the deceased from.	th occurred at 17 55 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 13 CONTROL OF TOWN, STATE SIGNED
	21. I certify that I attended the deceased from 2 adive on 3 14/5, 19, and that dead actual signature Physician's Dean H. Harding, M. D.	th occurred at 7.25 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) M.D. 13 Carroll Street, N. W., Wash. D. C.
	21. I certify that I attended the deceased from alive on 3.14/5, 19, and that dea actual signature Dean H. Harding, M. D. 220. BURGLAN'S Dean H. Harding, M. D. 220. BURGLAN'S DEAN H. DATE THEREOF SEMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY	th occurred at 7.25 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) M.D. 13 Carroll Street, N. W., Wash. D. C. OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)
	21. I certify that I attended the deceased from. alive on 3.14/5, 12, and that dea ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dean H. Harding, M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	ADDRESS (Street city or town, state) ADDRESS (Street city or town, state) M.D. 113 Carroll Street, N. W., Wash. D. C.



VS. A15A - 5 - 53

1)31()6 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 2 / 3
	L'ACTUELL DE S	OBRITIOALL	OT.	DEALH	NO. de f G

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTAMERY MARYLAND	STATE Med COUNTY Monta
OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in, this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithe Road R-/
HOSPITAL OR INSTITUTION OR STREET ADDRESS Energy Grove	STREET (If rwal, give location) ADDRESS Energ Grave
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MAY 2.7 1956
5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 8. DATI	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Hora Watere
15. WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Hour Water (mother) Dawn a flow 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH CLESCARE Light
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No ②
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes , Accidental Signature	bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE:	Or CREMATORY LOCATION (City, town, or county) (Hinte) Company Company (Hinte) Company (



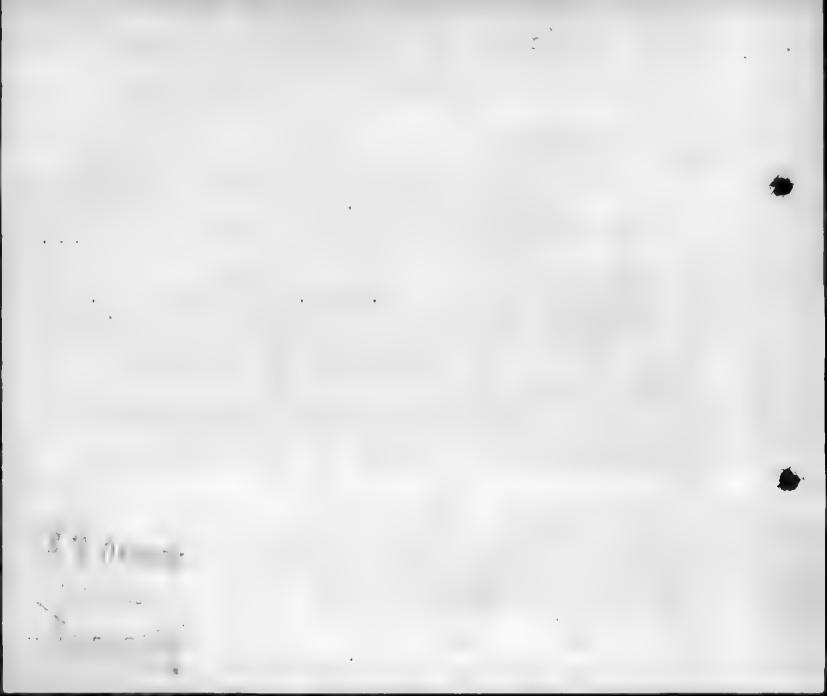
VS ATS (4) TSM 9/SS TE,

ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18
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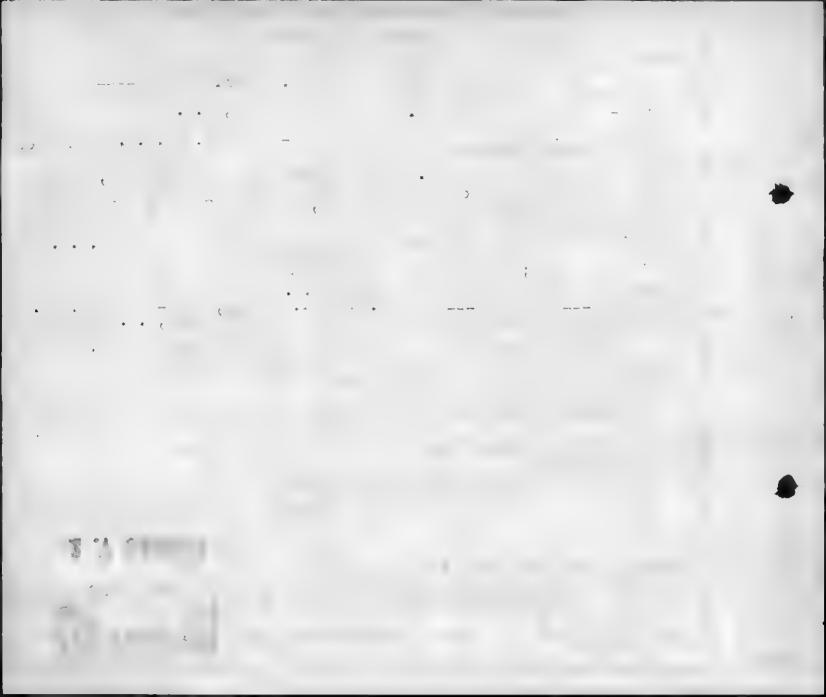
3015 CERTIFICATE OF DEATH

Reg. Dist. No.

1 PLACE OF DEATH o. COUNTY	ONTGOMERY		MARYLI	AND	2. USUAL RESIDENCE (WHO STATE MARYLA		l lived. If instituted b COUNTY		defore odmiss	
b, CITY OR TOWN RURAL and give r	(If outside corporate limits, nearest town)	write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (If or	ulside corpo	rate limits, write Ri	JRAL and give	nearest town	5)
17 TAKOM	A PARK				TAKOM	A PARI	ζ	1 1		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give	street a	ddress)		d. STREET ADDRESS			1	e. IS RES	SIDENCE FARM2
	LANCASTER RO	DAD			1110 LANC	ASTER	ROAD			NO (
3. NAME OF DECEASED (Type or print)	EDITH first		Middle		tost MDBER	4. DATE OF DEATH	MAR(Year 1956
S. SEX FEMALE	WILLEMAN	, MARRI	ED NEVER MARRIED	إلسا	DATE OF BIRTH JAN. 25, 1947	,	9 AGE (In years lost birthdoy) yrs.		YEAR IF UNDI	ER 24 HRS Min.
100 USUAL OCCUPATE during most of wo School	rking life, even if refired)	ne 10b. I	KIND OF BUSINESS OR	INDUST	PORT ARTHU	_	* -	12 CITIZE	N OF WHAT	COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
JAMES E	DWARD WEBER				DOROTHY N	IORELA	ND			
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCE (If yes, gave wor or dates of serv		SOCIAL SECURITY NO.		ORMANT James E. We	,	1110 Land	easter		
Conditions, if a gaye rise to coese (a), stating lying couse last	the under-	Cey	ptic fil	20	sis of the	E P	overs	as	9 2	ps.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO				CONDITION GIV	EN IN PART 1((o) 19. WAS PERFO YES [AUTOPSY PRMED?			
OR CONTRIBUTING	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	06. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture of injury in P	art I or Por	Il of item 18)			
20c. TIME OF INJU Hour e. m. p. m.		While	UURY OCCURRED 2 Not white of wark	Oe. PLAC	E OF INJURY (Home, farm, ary, street, office bldg., etc.	20f. (City	or lown)	(Cou	nly)	(State)
-	rase (Lo	lecease , 12	and that o	death (1955, to 3 accurred at \$1.50 b. 4105	ZM, fran		nd on the	date state	
220. BURIAL, CREMATION SEMOVAL (Specify BURIAL)	ON, 226. DATE THEREOF		ARLINGTON		CREMATORY L. CEMETERY	22d. LOCAT	INGTON, V	r county) /IRGINI	(State	e)
23 FUNERAL DIRECTOR THANKS		cey	ADDRESS SILVER SPRI	NG,	MD. 240 REC'D	BY REGIST	-1 11 11 -11 -1	TRAE'S SIGN	ATURE /	dit



	MARTIAND STATE DEPARTMENT OF HEALTH—DALTIMORE, 10 03108			
- L	3134 CERTIFICATE OF DEATH Reg. Dist. No. 214			
	PLACE OF DEATH o. COUNTY Mentsemery MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Dist. Of Col.			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural - Olney c. LENGTH OF STAY IN 1b Washingten, D.C.			
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Seymeur Nursing Home d. STREET ADDRESS 5611—New Hamp. Ave. N. W. e 15 RESIDENCE ON A FARM? YES NO D			
3	NAME OF DECEASED (Type or print) NAME OF LOST 4. DATE Month Doy Year OF DEATH MARCH 4. 19 56			
	Female 6. Cotor or race 7. Married Never Married B. Date of Birth 1880 9 AGE (In years Funder 24 Hes Female Waite Widowed Divorced May 16, 1880 9 AGE (In years Funder 24 Hes Fu			
/ [DO USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) At Home VIRGINIA 12. CITIZEN OF WHAT COUNT VIRGINIA U.S.A.			
13	RATHER'S MAME 14. MOTHER'S MAIDEN NAME WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
19	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wm. D. Address (Husband) No. 10. (Hybrand Wm. D. Address (Husband) Mr. Nakkyxxx. Weekley. 5611—New Hamp. Ave.			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO Washington, D. C. Interval Between ONSET AND DEATH The ownfire Cause (a) Due TO			
	Conditions, if any, which gove rise to immediate cause (a), stoling the underlying couse last. Conditions, if any, which gove rise to immediate last to the cause (a) to the underlying couse last. Conditions, if any, which gove rise to immediate last to the underlying couse last.			
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200 ACCIDENT WAS UNDERLYING OR OF DEATH OF PORT II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR OF DEATH OF PORT II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR OF DEATH OF PORT II of Item 18.)				
100	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. White Not white of work of work of work of work of work			
	21. I certify that I attended the deceased from Jan 27, 1953, to This 4, 195 (athat I last sow the deceased alive on March 2, 1956, and that death occurred at 7:30 M, from the couses and on the date stated about			
1	ACTUAL SIGNATURE (March / Harry 1 Tol 80 M.B. 420 (Men / Action / Civil Vivil			
	PHYSICIAN'S CHAS. W. HARNSBFROFE 4201 NEW HEMD: QUENW. WASH			
2	20. BURIAL CREMATION, EZID. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Cremation 3/6/56 Cedar Hill Crematory Suitland, Maryland 3. FUNERAL DIRECTOR'S SIGNATURE 1 ADDRESS 240 REC'D BY REGISTRAR 240 REGISTRAR 1240 REGISTRAR			
	Martin W. Hypong Bo: - Wash & Blate 36/6 - Frances Latte			



MARYLAND STATE DEPARTMENT OF HEALTH

3135

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 217

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0
MOUL GOVNERY MARYLAND	Una mea Una	ingle
CTTY (If outside corporate limits, write RURAL and Control of STAY (in this place) TOWN	CITY (II outside corporate limits, write RURAL and give neare OR TOWN Runal	st tdefa)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle),	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Grace Elimabeth	Williams. OF DEATH 3 2/	19.5
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDGYED, DIVORCED,	8. DATE OF BIRTH 9. AGE isst birthday If under year	
Fernale White Specify murried	12/22/1887 68 yrs. Months Days	Hours Min.
10a, USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		EN OF WHAT
done during most of working life, even if retired) INDUSTRY	Indeana	11/5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William H. S Tack house	Darch Butty	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17 INFORMANT AND ADDIVESS	> 1
(14a, ho, or disknown) (11 yes, give war of dates of	Lither J. Williams - Spincervel	le, Md
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		VAL BETWEEN T AND DEATE
01/-1 X Stand +		
Immediate cause (a) Starvation		mos
stating the underlying cause last	raction Esophagus 4	ears
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	4 years of age	- 1
related to the disease or condition causing death. Sustained and iss. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	iquids until complete obstruction	
) ISE. DATE OF OPERATION ISE. MAJOR FINDINGS OF OPERATION	29. A	UTOPSY!
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	:	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		•
22. I hereby certify that I attended the deceased from 2.1.8	., 1956, to 3/2/ , 1956, that I last saw the	deceased
alive on 3 15 1956, and that death occurred at	6:15 Q.m., from the causes and on the date stated a	h
SIGNATURE (Degree or title)		Dove. TE SIGNED
Wing 1.	C 1 C 1	
	Sandy Spring, Maryland	
23. BURIAL, CREMATION DATE THEREOF, NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county)	(State)
	rtonsvelle, md	
DATE REC'D BY LOCAL KEGISTRAR'S SIGNATURE		DRESS
3-14-57 Kermale Banky	De Witt Donaldson-Lurel,	nd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

the second

ς. ++ din

CERTIFICATE OF DEATH Reg. Dist. No. 216 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limit) write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give searest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Nones YES NO NO NAME OF Middle 4. DATE Yeor DECEASED OF DEATH (Type or print) 19 5 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED [7] DIVORCED T 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Self Emp, Priznd CYL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 37. INFORMANT 16. SOCIAL SECURITY NO. Address No Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5davis IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which] gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? Bronchopnevmonia YES NO 11M 9 . 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Eyer nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIPY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) o. n. Not while of work of work p. m. March 11. 1956, that I last saw the deceased 21. I certify that I attended the deceased from..... and that death occurred at 12:140 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) **ACTUAL** SIGNATUR PHYSICIAN'S NAME (Type) 3 220. SURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cremation 3-26-56 Cedar Hill Suitland Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRĂR'S SIGNATURE VS A15 (4) Robert A. Pumphrey-Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



S'A II.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3138 CERTIFICATE OF DEATH

Reg. Dist. No. 2 16

	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
1	COUNTY MORTAGAMELINE MARYLAND		
2	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	STATE COUNTY CITY(If outside corporate limits, write RURAL and give no	a rout tour
	OR and give nearest town) / (in this place)	OR A 1	TATEST LOWIS
	TOWN Bethale	TOWN District of Columbia	L
9	INSTITUTION OR 5721 grossiener dans -	STREET (If rural give location)	
	STREET ADDRESS PENERS SA mitariene	1405 Narran St NW	
1		(Last) 4. DATE (Month) (Day)	(Year)
	OECEASED: (Type or Print) KAthleek	lood DEATH: March 24	1956
3	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8 DATE	OF BIRTH: 9. AGE last blithday IF UNDER 1 YEAR IF UN	
4	RAGE: WIDOWED, DIVORCED.	3 018 77 Months Days Hou	rs Min.
7	(Specify): Specify): Specify May 3	/ / yrs.	1
1	work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY	
3 (even if retired):	Decorah LowA 4.5.	
2	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
3	Thomas Bullet	I linal si Vaca tip	
2	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
· A	(Yes, no, or unk.) (If Yes, give war or dates		1
/) ر	of service)	Mes DAVIE W. Ferter OHM	-
Š	18. MEDICAL GERTIFICAT	ION INTERVAL	BETWEEN
Ž,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET /	AND DEATH
	Harris Busites	LaiFil	/
1	IMMEDIATE CAUSE (A)	tray talance 1 de	eng
2	ANTECEDENT CAUSE (#)		0_
	DISEASES OR CONDITIONS, IF ANY, (B) CORNING VASC	MAR Decomposition 6m	200725
ĺ	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
•	(c) arteriosel	erisis + myocordial degent. Ais y,	m 5 .
11 10	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	The state of the s	<u> </u>
3	TO THE DEATH BUT NOT RELATED TO THE		
3	DISEASE OR CONDITION CAUSING DEATH, 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
1/	TON CONTROL OF CALLETON	20. A	UTOPSY?
1		YE5	ио 🔼
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
į	(IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURY	
À,	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While Not while at work at work		
4	h h	10.1// 1 00 - 0.1 10.56 13 13 1	
70	22. I hereby certify that I attended the deceased from Jun	, 1924, to Mar. 24, 1956, that I last saw the	deceased
	alive on 3/24 , 1956 , and that death occurred at	6:22 P.M. from the causes and on the date stated at	ove.
101	SIGNATURE / / /	ADDRESS H ST., N W. DATE SIGNER	
17	Stell homer M	D. WASHINGTON D.C. 3/24	1/56
5	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county)	(State)
	REMOVAL (SPECIFY) 3/97/54 CEARD W	III CENTER PRINCE BOARD	

OR WRITE TYPE PLEASE DATE REC'D BY LOCAL REGISTRAS 24. FUNERAL DIRECTOR S.H. HINES CO

hours !

3.7 017 11

Reg. Dist.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	
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	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 2 7
	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY MILL MARYLAND STATE 172 COUNTY MARYLAND STATE 172 COUNTY MARYLAND	7
10810	CITY (If outside corporate limits, write RURAL OR and give negreet town) (In this place) CITY (If outside corporate limits write RURAL and OR TOWN)	give nearest town)
y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 3901 Hampton St. STREET ADDRESS 3901 Hampton	3+
רובשוז	3. NAME OF (First) (Middle) (Last) (. DATE (Month) (Day OF (Type or Print) & Leaves Worlds DEATH Mar 13	
Tearra	Jenste Courty (Specify): Marrieg 147, 10, 18/2 6 13 yrs	ZEAR IF UNDER 24 HRS. Ays Hours Min.
10 20	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) work life, even if retired)	COUNTRY?
CRAD	Marshall Furner Bell Daugerfield	
e rue	16. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 18. INFORMANT & ADDRESS: Variety No.: 18. INFORMANT & ADDRESS: Variety No.: 3901 Hampley Service)	String my
WE	18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
n C	W' 3 1	ONSET AND DEATH
lea	Immediate cause (a) Country declusion	sunden
	Antecedent cause(s)	32112-
13.51	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
318/	stating underlying cause last (c)	
r. Fn)	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	several ups
importan	19m. DATE OF OPERATION: 19m. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No (7)
dun	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY 21c. (City or town) (County)	(State)
сіапу	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY M. Work at work 21f. HOW DID INJURY OCCUR?	
especia	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection []	
20	find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED 3 - 16 - 57.
ස විය ම	23. BURIAL CREMATION DATE THEREOF NAME OF COMETERY OR CREMATORY LOCATION CONT. or co	<u> </u>
	REGOVAL (Spirity): / 3-19-56 St Thus Joest Flen,	nd
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 1/4 5- 1	enelle Jus

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03116

3141 CERTIFICATE OF DEATH Reg. Dist. No. 2/6

	£ :	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
	fu bl	TO TENDE OF BEATTY	L. GOORE RESIDENCE (HOWE) OF DECERSED.
	carefully legibly.	COUNTY MONTGOMELY MARYLAND	STATE MO COUNTY MONTGOMERY
	is a	CITY (If outside corpo ate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nesrest town)
1	tion	OR and rive nearest town) (in this place)	TOWN Q. Landa
* /	, ţ	TOCTTIES (ICC) CAYS 8 MO	Derhesda
	m Ly	HOSPITAL OR INSTITUTION OR A //	STREET (If rural give location)
	nforma	STREET ADDRESS HITA Lista Kest Hamp	9517Dld Clearatown Rd
		3. NAME OF (First) (Middle)	(Lagt) 4. DATE (Month) (Day) (Year)
	m of death	DECEASED:	V OF 6
4	69	(Type or Print) 6mma W	MYIGHT DEATH MAY 14 1956
		5. SEX: 6. COLOR OR 7. SINGLE, MARRIED B DATE WIDOWED, DIVORCED	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
_///	_	(Specify) >	11 1957 98 yrs. Months Days Hours Min.
	causes	IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIR HPLACE (State or foreign country): 12. CITIZEN OF WHAT
C th	ve us	work done during most of working life OR INDUSTRY:	COUNTRY
Z.	73.7	even if retired):	Washington, D.C. 4.5.
BINDING	Supply te the	13. FATHER'S NAME	14. MOTHER'S NAIDEN NAME:
Z	t p	George Wilson	marion Plowman
		IS. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
FOR	INK.	(Yes, no, or unk.) (If Yes, give war or dates	2 / Wether Carlot Into P
6	N eg	70 of service)	Mrs. Dessie Might 971001d bound
_		18. MEDICAL GERTIFICAT	ION INTERVAL BETWEEN
<u>ত</u>	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
2	百	4 1	Scherotic CARDIO LASCULAR PEARS
冥	T.A.		SCLURO IC CARBIO 14SCULPIL TEARS
RESERVED	TH UNFA	ANTECEDENT CAUSE (8)	DISCASY
PH .	D.	DISEASES OR CONDITIONS, IF ANY, (B)	
Z	H,	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
3	-	(C)	
ARGIN	nt X	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
X	K,	TO THE DEATH BUT NOT RELATED TO THE	
	11	DISEASE OR CONDITION CAUSING DEATH,	
44	PLAINLY, W	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUIOFSII
	3 (1		YES NO
	VRITE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (County) (State)
	三	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
	Pe be	(IF EITHER, NOTIFY MEDICAL EXAMINER)	A DEC HOW DID IN HIDY OCCUPA
	WRITE	OF INJURY While Wot while	21F. HOW DID INJURY OCCUR?
	100	M. at work L at work L	
	H	22. I hereby certify that I attended the deceased from IAN	, 19.5%, to MAR , 19.5%, that I last saw the deceased
~	An a	Af a no list new	A = 0.1
Ä		alive on MAR 14 . 1956, and that death occurred at	
9	E TYPE	SIGNATURE OF A A	ADDRESS DATE SIGNED
7			O. 8025HBERVEEN RJ DETHESJAND. 3/19/36
0	82 0	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
rmi eri	E	Buris 31756 Blenwo	washington DC
	PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR O CALL C ADDRESS / DI
3 2	144	REGISTRAD - 15-56 Bean - On Donale son	The & I Denie (a) Ayor- Fourteesth th.
		y Mari In Human	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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